

# MYTHS, LEGENDS AND STORYTELLING – 2016 Summer Camps

A PARTNERSHIP OF THE WINDING RIVER PLAYERS AND THE BRADFORD COUNTY REGIONAL ARTS COUNCIL

COST: Suggested donation of \$35 per class.

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT NAME/NUMBER: \_\_\_\_\_

(MUST BE DIFFERENT FROM PARENT)

NEED TO KNOW MEDICAL INFORMATION: (ALLERGIES, SPECIAL CONDITIONS, MEDICATIONS)

**AVAILABLE CLASSES:** Please indicate which classes you would like to enroll your child in.

\_\_\_ **CHINESE DRAGONS** – Hua Hua Zhang | July 11-22, 9-10AM | Suitable for Pre-School to 4<sup>th</sup> Grade | Keystone Theatre

\_\_\_ **SHADOW MASK THEATRE** – Hua Hua Zhang | July 11-22, 10:30-12:30 | Suitable for 5<sup>th</sup> to 12<sup>th</sup> Grade | Keystone Theatre

## AGREEMENT:

1. Payment must be made by the first day of camp. Refunds will only be available if, for some reason, the program staff is unable to provide the camp as advertised, and only at a pro-rated amount correlating to the number of days of camp that have elapsed.
2. I agree that my child's participation in this program will be at the sole discretion of the BCRAC. Should my child become disruptive or a distraction for the instructors or other students, the program staff will make every effort to resolve the situation and keep the student in class. Should those efforts fail, the program staff reserves the right to remove any student from class for any reason, without a refund.
3. I hereby authorize the Bradford County Regional Arts Council, hereafter referred to as "BCRAC," and Winding River Players, hereafter referred to as WRP, to publish photographs or videos taken of me and my name and likeness, for use in the BCRAC's or WRP/s print, online, and video-based marketing materials and promotions, as well as other BCRAC or WRP publications. I hereby release and hold harmless BCRAC and WRP from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs/videos or participation in BCRAC marketing materials or other BCRAC or WRP publications. I acknowledge and agree that publications of said photos/videos confers no rights of ownership or royalties. I hereby release BCRAC and WRP, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.
4. In the event that, for any reason, my child is seriously injured and the program staff deems it necessary, I authorize them to seek emergency medical care for my child and act in loco parentis until I can be reached by phone or arrive at the scene. The program staff will make every possible effort to reach the parent/guardian before making any decisions on their behalf, but will always act in the child's immediate medical interest.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_