

# Whitnall School District Summer Theater Program 2018

PLEASE PRINT CLEARLY.  
FILL OUT ONE APPLICATION FOR EACH STUDENT.

Student Name: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Completed (at end of 2017-2018 school year):\_\_\_\_  
Month Day Year Note: All students must be at least 8 years old and no older than 17.

Parent/Guardian: \_\_\_\_\_  
Last Name First Name

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Email Address: \_\_\_\_\_  
PLEASE PRINT CLEARLY- Your confirmation will be sent via email.

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's T-shirt size (Note these are ADULT sizes): S: \_\_\_\_ M: \_\_\_\_ L: \_\_\_\_ XL: \_\_\_\_

Does your child have any medical conditions staff should be aware? Yes:\_\_\_\_ No: \_\_\_\_  
If yes, please describe and attach any additional information:

\_\_\_\_\_ I am enclosing **full payment of \$225.00** (Cash or check accepted.)  
Please make payable to **WHITNALL HIGH SCHOOL - THEATRE.**

NOTE: Registration is open through the first day of auditions. Refunds may be given at the discretion of Whitnall High School. No refund will be issued after the camp begins.  
Please sign the waiver on the back of this form and mail this application to:

Whitnall High School Theatre Department  
5000 South 116th Street  
Greenfield, WI. 53228

PLEASE NOTE: You will receive a confirmation email. Your canceled check is your receipt and proof that your child is registered for the camp.

**2018 Musical Theatre Summer Camp Application**

## Release, Waiver of Liability, and Indemnity Agreement

I hereby agree with Whitnall School District to the following, by affixing my signature below on this date. In connection with my and my child's participation in the Whitnall School District Summer Theatre Program. I understand and acknowledge the nature and extent of the activities that will be involved in the Program and assume the risk inherent in such activities on behalf of myself and any minor children. I voluntarily waive any and all claims, costs, liabilities, expenses (including attorney's fees), and judgments against Whitnall School District, their directors, employees, servants, subcontractors and agents, and hereby release, excuse and discharge Whitnall School District, their directors, officers, employees, servants, subcontractors and agents from all claims, costs, liabilities, expenses (including attorney's fees), and judgments which may arise out of my or my child's participation in the Program and all aspects attendant thereto. The undersigned further agrees to indemnify and hold Whitnall School District, their directors, officers, employees, servants, subcontractors and agents harmless from any and all claims, costs, liabilities, expenses (including attorney's fees), and judgments which may arise out of my or my child's participation in the Program.

I am the parent or legal guardian of

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Name of Minor Child

I am signing this agreement on behalf of said minor and acknowledge that in so doing, I am giving up legal rights and remedies that I, my spouse, a legal guardian for the minor, or the minor might have now or in the future.

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Signature of Parent/Guardian

Print Name of Parent/Guardian

Date

Please help us keep our tuition affordable by answering the following:

How did you hear about our summer camp?

My child is enrolled at a Whitnall School District School.

A friend recommended your camp to me.

I saw your brochure or flyer.

I searched the internet and found your website.

I found out about your camp on Facebook or other social media.

Thank you for registering your child.

We look forward to seeing you this summer!