



## Summer Camp Registration Form

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ (ages 8-16 yrs)

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

### PARENT INFORMATION:

Name of Primary Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name of Secondary Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact (in case we cannot reach adult listed above)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Classes will be held June 26-30, 2017 from 1:00 – 5:00 pm at the Frisco Discovery Center located at 8004 North Dallas Parkway, Frisco, Texas.

Campers will perform for friends and family on Friday, June 30 from 4:00pm – 5:00pm.

**Camp Fee:** \$199 Payment Due by June 19, 2017

Payment and Completed Registration should be mailed to:

FACT

Attn: Summer Camp

P.O. Box 5424

Frisco, TX 75035

Make Checks Payable to FACT. If you wish to pay by credit card, please send an e-mail to [friscoacts@friscoacts.com](mailto:friscoacts@friscoacts.com) with your phone number, and we will contact you.

**CAMP SUPPLIES, WAIVERS AND REQUIRED SIGNATURES ON REVERSE**

**EVERY DAY, CAMPERS SHOULD BRING** a bottle of water and non-messy snack.

**EVERY DAY, CAMPERS SHOULD WEAR** clothes that can be stained or damaged. Because we will be making zombie costumes and makeup, clothing may be stained or otherwise damaged. Actors will be working with make-up and clothing dyes/stains, so actors should wear "play" clothes.

**THE FIRST DAY, CAMPERS SHOULD BRING** clothing to be zombie-fied. We recommend a button-shirt, a plain t-shirt (any color), and old jeans / pants. If the camper wants a particular type of zombie (doctor, cheerleader, biker), they may bring clothing appropriate to that. Campers may bring more articles of clothing to be zombie-fied on other days of camp as they develop their zombie-persona.

**PLEASE READ CAREFULLY BEFORE SIGNING!**

### **Photography & Video Release Agreement**

I hereby grant the Frisco Area Children's Theater permission to take photographs/videos of my child in connection with camp, classes, rehearsals, performances or other theater events. I release all copyrights to FACT and its volunteer or professional photographers and videographers. I hereby irrevocably authorize FACT and its volunteer photographers/videographers to edit, copy, exhibit, publish or distribute any photos or videos of my child (with or without my child's name) for purposes of publicizing the theater or any other lawful purpose. I waive the right to inspect or approve the finished product, whether written or electronic, wherein the likeness of my child appears. I waive any right to royalties or compensation arising or related to the use of the photograph(s)/video(s). I have read this release before signing and fully understand its contents, meaning, and implications.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_