



KALEIDOSCOPE YOUTH THEATER REGISTRATION FORM SUMMER CAMP 2019

STUDENT INFORMATION

Name _____ ☐ M ☐ F Current Age _____

DOB _____ Grade in Fall 2019 _____ School _____

Student contact (if applicable) Phone _____ Email _____

Special Considerations (Please check all those applicable): ☐ My child has no health restrictions.

☐ Allergies ☐ Food Allergies ☐ Diabetes ☐ Asthma ☐ Vision ☐ Hearing Impaired

☐ Behavioral/Special Needs, i.e. ADHD, Dyslexia, Aspergers, etc. If you checked a box other than "my child has no health restrictions," please list specific condition along with any helpful information for the staff. _____

☐ My student qualifies for the free/reduced lunch program at his/her school. *(This information is **NOT** mandatory and is only used for grant information and/or scholarship opportunities.)*

☐ **My student is ALLOWED** to sign his/herself out. ☐ **My student is NOT ALLOWED** to sign his/herself out.

Is this your first Kaleidoscope Drama School Class/Show/Camp? ☐ Yes ☐ No If yes, how did you hear about us?

_____ If no, which Camp/Class were you in? _____ Other theater experience _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name #1 _____ Phone # _____

Address _____ City/ST _____ ZIP _____ Email _____

Parent/Guardian Name #2 _____ Phone # _____

Address _____ City/ST _____ ZIP _____ Email _____

Emergency Contact _____ Relation _____ Phone _____

MEDICAL RELEASE, LIABILITY & ENROLLMENT AGREEMENT

MEDICATION: KYT will not administer any medications. This includes prescription drugs, aspirin, Tylenol, ibuprofen, or other medication of any kind. KYT is **authorized to give the following:** ☐ Band-aid ☐ Neosporin ☐ Epi-pen for allergies. **IN CASE OF EMERGENCY,** I authorize Kaleidoscope Youth Theater and its representatives to secure medical attention and care (*call 911 if needed*) in the event of illness or accident for the above named child. I understand that KYT personnel will contact me as soon as possible. Permission is also granted to the doctor or the hospital and their associates to perform the necessary medical and surgical procedures necessary for the child.

☐ I understand that I am responsible for all my child's personal injury and liability insurances and I am also responsible for any damage caused by my child to others OR KYT property. I accept full responsibility for all personal risks during my child's participation in Kaleidoscope programs.

☐ Consent is hereby given for the Student to participate in authorized KYT on and off campus performance activities (including radio, television, conferences, tours, promotional events, etc.) without compensation paid to the student.

☐ I grant KYT full use of Student's quotes, image, and/or voice, without compensation, in photographs, videotapes and sound recordings, created for authorized Kaleidoscope Youth Theater use including promotions, videotape and film projects, social media, broadcasts, and printed materials such as newspapers, magazines, books, brochures, catalogs, the KYT website, audiotapes, cd's, and other authorized educational, promotional, or fundraising activities.

Parent or Guardian Signature: _____ Date: _____



KALEIDOSCOPE YOUTH THEATER REGISTRATION FORM SUMMER CAMP 2019

Student Name: _____ ☐ M ☐ F Age: _____

Summer Camp T-Shirts (Included in 1 & 2 Week CAMP fees) Please select size:

<input type="checkbox"/> Youth S	<input type="checkbox"/> Youth M	<input type="checkbox"/> Youth L	<input type="checkbox"/> Youth XL	<input type="checkbox"/> Adult S	<input type="checkbox"/> Adult M	<input type="checkbox"/> Adult L	<input type="checkbox"/> Adult XL
----------------------------------	----------------------------------	----------------------------------	-----------------------------------	----------------------------------	----------------------------------	----------------------------------	-----------------------------------

CAMP SELECTION: Please place a check mark next to the camp(s) and fill in full amount due

<input type="checkbox"/>	June 24-28 "Curious Cats" Drama Exploration Camp Grades 1 st – 6 th	Early Registration - \$260 After April 26 - \$275	\$
<input type="checkbox"/>	July 8-12 "Space Camp - Blasting Off to Adventure" 1 Week Production Camp Grades 1 st – 3 rd and 4 th - 8 th	Early Registration - \$300 After April 26 - \$315	\$
<input type="checkbox"/>	July 15 & 16 "Get Friendly With Shakespeare" 2 Day Workshop Grades 4 th – H.S.	\$125 No early reg. discount	\$
<input type="checkbox"/>	July 17-July 31 "Desert Adventures" *Camp begins & ends on a Wednesday 2 Week Theater Production Camp Grades 4 th – HS	Early Registration - \$480 After April 26 - \$495	\$
<input type="checkbox"/>	*June 17-21 + Additional Dates "KYT Intern Intensive" Through Director Permission - See Guidelines	N/A	
	Multiple Camp Discount Take 5% discount off student's lowest camp or lowest priced camp attended by a sibling (one discount per family)		\$
	Apply My Discount to the KYT Scholarship Fund		\$
	Total Camp Fees Due		\$
	Kaleidoscope Youth Theater is a non-profit organization relying on financial contributions from donors to help run its programs. Please consider making a one-time, tax-deductible gift or become a monthly sponsor to help KYT continue to offer quality theater experiences for youth in the Gallatin Valley. EIN 06-1704965 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$Other THANK YOU!		\$
	Total Non-refundable Deposit Due Today Please include \$150 deposit for each full camp. Workshop fees should be paid as listed.		\$
	Remaining Due By June 15 * Extended Payment Plans Considered Limited Scholarships Available. Please contact the office for guidelines & requirements.		\$

For office use:

Space is reserved once your form (both pages) and deposit has been received – please e-mail a copy of the form to: kytadministration@gmail.com or via mail: P.O. Box 3054, Bozeman, MT 59772-3054.

Please call 406.587.3642 for questions.

Thank you!