



**Haven Pico Union
Summer Theater Camp 2019
Registration Packet
June 17th - June 28th**

**Monday-Friday* 9:00 AM - 12:00 PM
*With a performance on Fri., June 28th at 7:00 PM
Camp starts at 4pm Friday, June 28th.***

**Co-Pay
\$25 for Say Yes Students
\$40 for 90015, 90006, and 90007 zip codes
\$150 for campers outside 90015, 90006, and 90007
zip codes**

****camp will begin at 4:00 PM on Friday, June 28th (the day of the performance)***



Pico Union Summer Theater Camp 2019 Registration Form

Complete this form and bring to the first day of camp.

Child's Name: _____

Parent(s): _____

Age: ____ Birthday: __ / __ / __ Grade: _____

Address: _____

Home Phone: () _____ - _____

Cell: () _____ - _____

E-mail: _____

T-Shirt Size _____



developing character through arts education

Medical Release

Child's Full Name _____

Child's Age _____

Parents' Names _____

Phone _____

Cell Number _____

Name & phone number of person to contact in the event that the parent/guardian cannot be reached in an emergency

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the representative of Haven Academy of the Arts to secure proper treatment and/or hospitalization, an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian below is intended to serve as a medical release. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required and to provide authority and power on the part of a Haven agent to give consent to any and all such treatment and hospitalization deemed advisable. This authorization is to be effective from June 17th, 2019 through June 28th, 2019.

Parent or Guardian's Signature and date

____ / ____ / ____



Photo, Video, and Website Release Form (New Students Only)

Dear Parent or Guardian:

On occasion, representatives from the Haven Academy wish to photograph, videotape or interview students in connection with Haven Academy programs or events. Educating the public about Haven Academy is one of our objectives. The entire community benefits from knowing about the abilities of our students and about the programs Haven Academy offers to the children in our community.

In order to release student photos, video footage, comments or to post items on the Haven Academy website, we need your written permission.

To give your consent, please complete the form below.

I, _____, parent/

guardian of _____, give permission for my child to be photographed, videotaped and interviewed by representatives from Haven Academy for the purpose of publicizing the educational programs at Haven Academy. I authorize the use and reproduction, by Haven Academy and anyone authorized by Haven Academy, of any and all photographs, videotapes and interviews taken of my child, without compensation to me or my child. All of these photographs, videos and interviews shall be the property, solely and completely, of Haven Academy. I waive any right to inspect or to approve the finished photographs, videotapes, sound tracks, scripts and printed matter that may be used by Haven Academy.

Date: _____

Parent or Guardian Signature:

Address: _____

OR _____ I am 18 years of age or older and I give my consent without reservations to the foregoing on my own behalf.

Signature: _____

Address: _____



Haven Pico Union Pick Up Form

I will pick up my child from camp

My child will be dropped off at home by another parent

Name _____ Phone # (____) _____.

My child is free to walk home on his/her own

Please note that once your child leaves the premises of the rehearsal space, Haven Pico Union is no longer legally responsible for his or her safety.

Parent Signature:

X _____



Scholarship Request Form

Please include this form when your turn in your Release Forms and Commitment Contract at the first day of class/auditions.

Child's Name: _____

Father's Name: _____

Father's Occupation: _____

Mother's Name: _____

Mother's Occupation: _____

Address: _____

Home Phone: () _____ - _____

Cell Phone: () _____ - _____

Annual Gross Family Income: _____

Number of members living in household: _____

We are applying for:

___ Sibling Discount ___ Full Scholarship ___ Partial Scholarship

Why is it important for your family to receive this scholarship?

Why does your child want to be a part of a Haven Academy Class or Production?

Are there any additional concerns or circumstances that might help us in determining the necessity of your child receiving a scholarship?