

TNT 2019 at Cherokee Civic Theatre

REGISTRATION CHECKLIST

Please return with Registration Packet
Grades 1-6

CAMPER: _____

REQUIRED

- Enrollment form
- Participation Pledge
- Medical Permission/Release
- Statement of Consent WITH notarization
- Check In/Out

AS NEEDED

- Scholarship Application
- Credit Card payment form
- TNT Underwriting sponsorship

FOR STAFF USE ONLY

All Registration Forms Received: Yes No DATE: _____

Forms Missing

- | | |
|--|---|
| <input type="checkbox"/> Enrollment form | <input type="checkbox"/> Participation Pledge |
| <input type="checkbox"/> Medical Permission/Release | <input type="checkbox"/> Check In/Out |
| <input type="checkbox"/> Statement of Consent WITH notarization | <input type="checkbox"/> Credit Card payment form |
| <input type="checkbox"/> Scholarship Application | <input type="checkbox"/> TNT Underwriting sponsorship |
| <input type="checkbox"/> 8 th Grader request to attend TNT PM | |

Payment received: Check Cash Credit Card DATE: _____

Photo Consent on file: Yes No DATE: _____

Registration complete: Yes No DATE: _____

Troupe: Gr 1-2 Gr 3-4 Gr 5-6

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Enrollment

Grades 1-6

Please complete a separate enrollment & release form for each child you are registering

Thank you for your interest in **TNT – Thespians ‘N Training** – at Cherokee Civic Theatre. Please complete the **FOUR REQUIRED** registration forms – Enrollment, Camper Pledge, Check In/Out Release and Medical Release (2 pages) - and return them to Cherokee Civic Theatre with the appropriate registration fee. All registrations are first come, first served and space is limited. **All completed forms must be received before registration can be processed.** Registration fees are non-refundable after **June 21, 2019.**

CAMPER NAME: _____ MALE FEMALE
TNT ALUM? 2014 2015 2016 2016 2017 2018

REGISTERING FOR: Grades 1 – 2 Grades 3-4 Grades 5 – 6

AGE: _____ **BIRTH DATE:** _____ **ENTERING GRADE** _____ **IN FALL 2019**

T-SHIRT SIZE (circle) *Youth* S M L *Adult:* S M L XL
Do you wish to purchase an additional t-shirt for \$10? YES NO

CCT MEMBER'S NAME: _____

PARENT/GUARDIAN: _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP** _____ **E-MAIL** _____

LOCAL PHONE: _____ **CELL PHONE:** _____

EMERGENCY NAME: _____ **PHONE:** _____

RELATIONSHIP TO CAMPER: _____

RELEASE FORM

While we will take every precaution to supervise and protect your child from accidents and injuries during the Thespians‘N Training sessions, we must have your signature, which demonstrates and recognizes the following:

I, _____, am the parent or legal guardian of the following
(Print name of parent/legal guardian)

child: _____. I understand that my signature on this form releases the
(Print name of child)

sponsoring organization and/or hosts (CCT and the TNT directors) from any liability should an accident or injury occur to my child during the TNT camp. I do further understand and agree that I, as the parent or legal guardian, will accept full responsibility for my child as listed above, should such an accident or injury occur during the workshop. I further authorize the TNT personnel or CCT representative present to contact medical services should I not be available.

Signature

Date

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CAMPER PARTICPATION PLEDGE: Grades 1-6

At TNT, we want every participant to have an enjoyable learning experience so here are a few guidelines to which both parents and campers need to agree. Parents, please read this over **with** your camper and discuss what it means so everyone understands. Failure to follow these guidelines can lead to immediate dismissal from TNT Camp. Both camper AND a parent must sign the Pledge.

As a Thespian ‘N Training, I PLEDGE to:

1. Respect that everyone is different and everyone has different ideas and that helps makes theatre so fun & exciting; therefore I will respect the opinions of my fellow campers and keep unnecessary negativity to myself.
2. Recognize that being supportive of everyone on the TNT team and our TNT shows is more important than being “a star.” This also means I will accept whatever role I have been assigned and give it all my best.
3. Understand that all parts of theatre – onstage, backstage, and offstage – are important to the success of TNT Camp and our Showcase performances so I shall participate willingly in all camp activities.
4. Take care of the buildings and equipment of Cherokee Civic Theatre because it belongs to our entire community theatre family, not just TNT Campers.
5. Follow the rules, guidelines and decisions of the TNT Camp and the TNT Staff.
6. Follow all safety guidelines regarding tools and construction and to not use any tool without TNT staff supervising me.
7. Recognize that, for my safety and well-being, areas of the Cherokee Civic Theatre building will be deemed off-limits so I will stay where I’m supposed to be and always have a buddy with me.
8. Leave alone items that belong to other campers or CCT unless given permission to use them. This includes, but is not limited to, costumes, props, personal property, food, beverages and equipment.
9. Participate in the TNT activities without creating disturbances or disruptions that prevent other TNT Campers from learning and enjoying their time at TNT. I shall keep my personal electronics (including but not limited to CD/DVD/music/game players and cell phones) at home or in the CCT Office during camp hours.
10. Acknowledge that disrespect for this pledge and/or any person, property or productions connected with TNT and CCT will result in my being dismissed from the camp to make space for a person who really wants to participate.

As a Thespian ‘N Training, I PLEDGE to always remember: ***“It’s All Good!”***

Camper’s Name

Signature

Date

Parent’s Name

Signature

Date

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CHECK IN/OUT RELEASE: Grades 1-6

The following person/people have my permission to drop off and/or pick up my child:

TROUPE: _____
Staff use only

(Print Child's Name)

during TNT 2019 Camp. I have included **my own name** on the list. I understand that I, or one of these persons, will **personally** need to check-in and check-out my child each day. I understand that TNT Staff may ask any person unknown to them to show proof of identity before releasing my child to them and that TNT Staff has the right to refuse to release my child to anyone not named on this list. I also agree not to drop off campers more than 15 minutes before their TNT camp begins.

NAME	RELATIONSHIP	PHONE NUMBER

I acknowledge that I am aware of TNT's late pick-up policy with its \$10 fee that will be assessed for any pick-up more than 15 minutes after the end of camp and will abide by it.

Signature of Parent/Guardian

Date

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MEDICAL/PERMISSION AND RELEASE FORM

(To be completed and notarized *before* camp)

NAME _____ AGE _____

ADDRESS _____ CITY _____ ST: _____ ZIP _____

In case of Emergency Notify: _____ Phone _____

Family Physician _____ Phone _____

Insurance _____ Policy # _____

Policy Holders Name _____ Group #: _____

PAST MEDICAL HISTORY

(Please check those appropriate and attach a sheet if further information is necessary)

Asthma ____ Sinusitis ____ Bronchitis ____ Kidney Trouble ____ Neuralgia _____

Diabetes ____ Dizziness ____ Stomach Upset ____ Heart Trouble ____ Hay Fever _____

Hyperglycemia ____ Hypoglycemia ____ Other _____

List any physical restrictions: _____

Previous operations or serious illness: _____

Childhood Diseases: Chicken Pox ____ Measles ____ Mumps ____ Whooping Cough ____ Other _____

Are immunizations, including tetanus, current: ____ Yes ____ No

Any health issues we should be aware of? _____

ALLERGIES

(List all known types as specifically as possible and attach a sheet if further information is necessary)

NO KNOWN ALLERGIES

Food _____

Drug (Name) _____

Insect stings/bites: _____

Plants: _____

Other _____

MEDICATIONS

NOT CURRENTLY USING ANY MEDICATIONS

Any current prescriptions (List): _____

Any current over-the-counter medications (List): _____

TNT Staff has my permission to administer the following OTC medications if needed:

Tylenol Yes No Ibuprophen Yes No Tums/Roloids Yes No

Benadryl Oral Yes No Benadryl Topical Yes No Other: _____ Yes

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STATEMENT OF CONSENT

THIS FORM MUST BE NOTARIZED FOR ALL TNT PARTICIPANTS!

In the event of an emergency or non-emergency situation requiring medical treatment, I:

(Print name of **parent/legal guardian**)

hereby grant permission for any and all medical and/or dental attention to be ministered to my child:

(Print name of **child**)

in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

My permission is granted for **Cherokee Civic Theatre volunteers, directors and/or producers** to obtain necessary medical attention in case of sickness or injury for my child. I, the undersigned, do hereby release, and forever discharge all sponsors, underwriters and Cherokee Civic Theatre from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the event. I understand that this permission will be rescinded upon written notification to Cherokee Civic Theatre and that this document will be destroyed upon the close of the TNT 2019 program.

NOTARIZATION:

Signature of Parent/Guardian _____
Date

On this _____ day of _____, _____
(Date) (Month) (Year)

_____ personally appeared
(Name)

before me in _____ County, State of _____, and,
in my presence, signed this medical release form.

Name of Notary Official: _____

Signature: _____

Commission Expires: _____



Notary Seal

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CREDIT CARD PAYMENT FORM

CAMPER NAME: _____

NAME ON CREDIT CARD: _____

CREDIT CARD BILLING ADDRESS:

STREET: _____

CITY: _____ STATE : _____ ZIP: _____

CARDHOLDER PHONE NUMBER: _____

CREDIT CARD MasterCard Visa Discover

CREDIT CARD #: _____

EXPIRATION DATE: _____ CVV: (on back) _____

TOTAL AMOUNT TO BE CHARGED: _____

CREDIT CARD HOLDER'S SIGNATURE:

*Please be aware that a convenience fee of \$3
Will be charged for each credit card transaction.*



OFFICE USE ONLY

TNT REGISTRATION FORMS RECEIVED:

DATE: _____ INITIALS: _____

TNT PAYMENT SUBMITTED:

DATE: _____ INITIALS: _____

This document will shredded once transaction is completed.