

TNT 2018 at Cherokee Civic Theatre

TNT 2018 REGISTRATION CHECKLIST

Please use & return with Registration Packet

TNT PM

CAMPER: _____

REQUIRED

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

AS NEEDED

- Scholarship Application
- Jr. Counselor Application
- TNT PM 8th Grader 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 7-8 Gr 9-12+

TNT 2018 at Cherokee Civic Theatre

ENROLLMENT

Grades 9-12

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

Thank you for your interest in **TNT PM – evening session of Thespians ‘N Training** - at Cherokee Civic Theatre. Please complete the checklist to make sure all FIVE required pages are completed and return all, along with any additional forms you need, to Cherokee Civic Theatre with the appropriate registration fee. All registrations are first come, first served and space is limited. Registration fees are non-refundable after **June 20, 2018**.

CAMPER NAME: _____

MALE FEMALE

ENROLLING FOR: Onstage track Offstage track

TNT ALUM? 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017

CONSENT/NON-CONSENT TO PHOTOGRAPH ON FILE? YES NO

AGE: _____ **BIRTH DATE:** _____ **ENTERING GRADE** _____ **IN FALL 2018**

T-SHIRT SIZE (circle) *Adult:* S M L XL XXL

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 PARTICIPATION PLEDGE : Grades 9-12

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.

As a Thespian ‘N Training, I PLEDGE to:

1. Respect the fact that everyone brings different experiences and ideas to the theatre and this is what makes it such an exciting art form. Therefore, I will respect the opinions of my campers and keep unnecessary negativity to myself.
2. Recognize that being supportive of the entire theatrical team and the show in production is more important than being “a star”. This also means I will accept whatever role I’m assigned and give it all my best.
3. Understand that *all* aspects of theatre – onstage, backstage, and offstage – are important to the success of both the TNT camp and the Showcase performances, so I shall participate willingly in all camp activities.
4. Follow the rules, guidelines and decisions of the TNT program and the TNT Staff during TNT camp.
5. Take care of the buildings and equipment of Cherokee Civic Theatre because it belongs to our entire community theatre family, not just TNT Campers.
6. Follow all safety guidelines regarding tools and construction and to not use any tool without an adult training and/or supervising me.
7. Recognize that, for my safety and well-being, areas of the Cherokee Civic Theatre building will be deemed off-limits without TNT Staff supervision, so I will stay where I’m allowed to go and have a buddy at all times.
8. Leave items that belong to other campers or CCT alone unless given permission to use them. This includes, but is not limited to: costumes, props, equipment, personal property, money, food and beverages.
9. Participate in the TNT activities without creating disturbances or disruptions that prevent any other TNT Campers from learning or from enjoying their time at TNT – in particular, PDA (public displays of affection) and IPE (intrusive personal electronics). To this end, I shall keep my body to myself and keep my toys (including but not limited to video/music players, hand-held games, 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 TNT camp to make space for a person who really wants to participate.
11. Understand that every day of TNT Camp is important to my cast mates & our show so I must attend every day of TNT Camp including the Grand Finale Showcase. If I am absent, TNT Camp has the right to remove me from the program, so I need to plan doctor appointments, other camp programs and vacations so that they do not conflict with TNT Camp.

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

Camper’s Name

Signature

Date

Parent’s Name

Signature

Date

TNT 2018 at Cherokee Civic Theatre

CHECK IN/OUT RELEASE FORM : TNT PM

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 2018 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

TNT 2018 at Cherokee Civic Theatre

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 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 2018 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