

St. Olaf Theater Camps 2019 | Registration

To make payment with credit card, e-check or ACH bank transfer you must register online. **Faxed registrations cannot be accepted.**

_____ T-shirt Size (circle): AS AM AL AXL
Camper's Name: (first & last)

_____ Address City State Zip

_____ Date of birth: (mm/dd/yyyy) High School Graduation Year

Gender: _____

_____ Parent/Guardians' Name: (first & last)

_____ Parent/Guardian's Phone Number Parent/Guardian's Email: (all correspondence will be sent directly to here)

_____ Roommate Requested: (one only; roommates must request each other)

Emergency Contact Information:

_____ Primary Parent/Guardian Contact Name: (first & last) Relationship to Participant

_____ Phone Number Secondary Phone Number

_____ Secondary Parent/Guardian Contact Name: (first & last) Relationship to Participant

_____ Phone Number Secondary Phone Number

Camp Selection:

- _____ \$630 **STO Theater Camp**, June 23-29, 2019 (students ages 12-16)
- _____ \$75 **STO Advanced Workshop Option**, Ages 15-17 or those who attended a STO theater camp in the past
- _____ \$50 Late fee if registration is postmarked after May 1.

\$ _____ Registration Total

Payment Information:

Mail your check for the full amount or send a \$100.00 deposit (balance due May 1):

Refund policy: Written cancellations received 4 weeks prior to camp start date will receive a full refund less the \$100 deposit fee. No refunds are given within four weeks of camp start date; substitutions are accepted.

Health History:

Should the child be restricted from any activity due to health reasons? No Yes
If yes, please explain:

Does your child have any past or current medical condition (physical or mental) that would require special attention (this includes past concussions)? No Yes
If yes, please explain:

Does your child have allergies and/or dietary restrictions? No Yes
If yes, please explain:

Will your child be bringing prescribed and/or over-the-counter medications to camp? No Yes
If yes, what medications? (*Note: Each child bringing medications will be responsible for taking their own medications.*)

In the event of a medical emergency, every effort will be made to contact parent(s)/guardian(s). I, the parent/guardian of camper, authorize St. Olaf College Conferences, Camps and Events staff to seek appropriate medical care if a parent/guardian cannot be reached, and I shall be fully responsible for payment of such costs. I also authorize insurance payment directly to the medical facility.

Yes, I agree to the above statement

Insurance Information:

All parents/guardians, regardless of health insurance status, are financially responsible for their child. By submitting this form, you hereby release St. Olaf College from any such financial responsibility. The above-named camper is covered by the health insurance listed below.

Insurance Provider _____

Insurance Policy Number _____

Insurance Provider Phone Number _____

Behavior Agreement:

As the participant registering for this St. Olaf College camp, I understand and agree as follows:

- All residential guests must attend event orientation.
- Staff, residents and guests will be treated with dignity and respect.
- Threats, injuries or endangerment of oneself or others physically or emotionally will not be tolerated.
- Participants will adhere to additional rules of conduct specifically designed for your event, classroom, and/or studio set forth by program instructor or campus personnel.
- Participant will remain in the designated event areas only and remain on the St. Olaf campus unless they present a signed

- permission note from a parent/guardian to the program director.
- Inappropriate use of cameras and digital imaging equipment is prohibited anywhere. Devices may not be used in locker rooms, bathrooms or private spaces.
- Attendance and participation is required at all activities, whether they be instructional or recreational. Any participant needing to be excused due to illness must first report to the program staff.
- Event/college equipment and supplies will be used in a safe and appropriate manner.
- Damages to program/campus property must be paid for by the participant or the participant's parent or guardian.
- Smoking and the use of any tobacco products are prohibited in all St. Olaf buildings and near all building entrances.
- The use or possession of alcohol or illegal drugs is strictly forbidden and will result in dismissal without refund.
- Firearms, weapons and fireworks are not permitted on campus.
- Pets are not permitted in any campus building. Service animals must be clearly identified.
- Failure to follow these guidelines may result in the immediate cancellation of participation in the event.
- No program refunds will be given.
- This waiver will be governed by the laws of the State of Minnesota.
- I have read this waiver carefully, and I understand and agree to be bound by the provisions herein.

Parent/Guardian Waiver:

As the parent/guardian of the minor registering for this St. Olaf College camp, I consent to his/her participation and I understand and agree as follows:

- My child/ward is healthy and capable of fully participating in all aspects of the camp.
- My child/ward has sufficient health insurance to cover her/him during her/his participation in the program.
- I understand that St. Olaf College does not provide insurance for program participants.
- I hereby release pictures of my minor child taken by St. Olaf College for promotional purposes and programming materials including the website.
- I hereby release and discharge St. Olaf College and its regents, officers, employees, agents, successors and assigns, on behalf of myself and my legal representatives, heirs, successors, and assigns, from any and all claims, liabilities, and costs which I or any of my legal representatives, heirs, successors, and assigns may have claim to, have relating to, or arising from my child/ward's injury, illness, or death.
- I agree to indemnify, defend, and hold harmless St. Olaf College and its regents, officers, employees, agents, and assigns, from any and all claims, liabilities, and costs asserted by or on behalf of my child/ward or any of my child/ward's legal representatives, heirs, successors, and assigns, relating to or arising from my child/ward's participation in the program, including and without limitation to my child/ward's injury, illness, and death.

Parent/Guardian Signature

Date

Camper Signature

Date

How did you hear about our camp?

- _____ Friend/Relative
- _____ Camper's School/Coach
- _____ During Campus Visit
- _____ Email from Camp Office
- _____ Camp Brochure
- _____ Camp Website
- _____ Facebook
- _____ Newspaper
- _____ Online Source
- _____ Other