

# ACT Theatre Kids Camp 2024 Registration Form

**Camp:** July 8 – 12 from 9 a.m. – 12 p.m. **Performance:** July 12 at 5:30 p.m.

**Child's Name:** \_\_\_\_\_ **Age (must between 8 – 13):** \_\_\_\_\_

**Child's T-shirt Size (Circle One):** Youth S M L Adult S M L XL 2XL

**Parent/Guardian's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**List any Allergies:** \_\_\_\_\_

**Emergency Contact (List name and phone if different from above):** \_\_\_\_\_  
\_\_\_\_\_

### Policy Statement

Enrollment in Albert Lea Theatre's Summer Theatre Kid's Camp is secured by payment of \$50 upon registration. **Only the first 50 applicants will be accepted.** All activities/rehearsal/practice and performances will be held at the Marion Ross Performing Arts Center.

I agree to release and hold harmless Albert Lea Community Theatre Players, instructors, and its classroom and performance facilities from any damages or physical injury incurred while my child is attending classes or performing. \*The Parent/Guardian listed above or on the back of this form is/are the only person/s allowed to pick up child without written and signed notice before hand.\*

### Release Statement

I hereby assign and grant to Albert Lea Community Theatre the right and permission to use and publish any photographs, sound recordings, digital media, or other media, now known or later developed, made of my child by the Albert Lea Community Theatre. I hereby release Albert Lea Community Theatre from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs, sound recordings, digital or other media, now known or later developed, without limitation at the discretion of the Albert Lea Community Theatre, and I specifically waive any right to any compensation I may have for any of the foregoing.

I consent to the Policy and Release Statements with no restrictions.

I consent to the Policy and Release Statements with the following restriction(s):

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

**Drop off form** at the Marion Ross Performing Arts Center  
**Or mail to:** Albert Lea Community Theatre, P.O. Box 115  
Albert Lea, MN 56007

**Phone:** 507-377-4371  
**Email:** act@actonbroadway.com

**List of other Parent/Guardians allowed to pick up child from the Marion Ross Performing Arts Center:**

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**\*\*\*We are always looking for help and volunteers! If you sign up to help with Theatre Kid's Camp, Registration will be \$25 for your children/grandchildren.\*\*\***

Help as/with:

- Group Leader
- Group Leader Helper
- Craft Set Up
- Craft Teacher
- Lights
- Registration Table

**The Marion Ross Performing Arts Center Box Office is open Thursdays 3:30 – 5:30 p.m.**

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**Email:** [act@actonbroadway.com](mailto:act@actonbroadway.com)