



**Path of Grace Theatre Camp**  
**June 17-21<sup>st</sup> 2024**  
**Ages 5 to Middle School**  
**9:00 a.m. to Noon**

**REGISTRATION FORM**

During this fun-filled week of theatrics, campers will learn the ins and outs of the theater. They will take part in acting, games, singing and lessons with fun activities. Campers will spend the week working towards two musical performances of "A Technicolor Promise" on Friday, June 21<sup>st</sup> and Sunday morning, June 23<sup>rd</sup>, where families and friends are invited to see their hard work come to life.

Students Name \_\_\_\_\_

Sex M / F / N Age \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Youth or Adult School \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Is this your first theatrical experience? If no, please list previous experiences \_\_\_\_\_

---

**Emergency Info**

Alternate Emergency Contact if parent unavailable:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Any known allergies or other pertinent medical information:

---

**Medical Consent & Release Liability Agreement**

I hereby give permission for \_\_\_\_\_ to participate in the Path of Grace Theater Camp.

I declare that I am the parent or legal guardian of the above named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact me or our emergency contact. In the event that we cannot be reached, I hereby authorize the Path of Grace UMC to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. I understand that as a participant, my child may be climbing on or off of stage and set pieces. I further understand that my child may be running, jumping, dancing and varied other movements on stage. I assume all risks and hazards to such participation including transportation to and from rehearsals and performances and hereby waive, release absolve and indemnify and agree to hold harmless, Path of Grace UMC staff and volunteers and participants for any claim arising out of accidental injury to my child.

My signature indicated that I have read, understand and agree to the terms of the above RELEASE FROM LIABILITY>

\_\_\_\_\_  
Parent/Guardian Signature Date

DO YOU GIVE PERMISSION TO PATH OF GRACE UMC FOR THE FOLLOWING:

Public news media photos, fil, and interviews? YES / NO Publicity

photos to be used for future POG UMC Publications? YES / NO

\_\_\_\_\_  
Parent/Guardian Signature Date