

ODD ACT THEATRE GROUP

Summer Camp Registration Form

PARTICIPANT INFORMATION

Name: _____

Address: _____

Telephone: _____ Email: _____

Emergency Contact: _____

Birthdate: _____ Grade: _____ Age: _____

PROGRAM INFORMATION

Select the productions and/or classes you will be participating in. Check all that apply:

Stagecraft____ Movie-Making____ Comedy____

Would you like after or before care? (circle all that apply) After care Before care

I, _____, realize that risk of being injured is inherent in all performing arts. I also understand that no refunds will be issued unless the program is canceled by Odd Act Theatre Group. I understand this and wish my child to participate in the above Odd Act Theatre Group program. I hereby grant Odd Act Theatre Group LLC permission to use mine and/or my child's likeness in photograph(s)/video(s) in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Odd Act Theatre Group, in perpetuity, and for other use by Odd Act Theatre Group. I will make no monetary or other claim against Odd Act Theatre Group for the use of the photograph(s)/video(s).

(Parent Signature)

(date)

All participants must provide a \$100 deposit with their registration. Deposits can be put toward ticket sales, fundraising, or buyouts. Deposits are NON-REFUNDABLE.

Make checks payable to ODD ACT THEATRE GROUP

Total enclosed: _____

Return registration and fee to:

Odd Act Theatre Group
89 Walt Whitman Way
Hamilton, NJ 08690

Contact Us: oddact@gmail.com; 609.577.1384