

KOMEDY KIDSTITUTE ©

APPLICATION FORM FOR 2017 SUMMER CAMPS

STUDENT'S NAME _____ AGE _____

ADDRESS, CITY, STATE, ZIP CODE _____

PHONE NUMBER (____) _____

EMAIL _____

SCHOOL ATTENDING _____ GRADE _____

PARENT'S NAME _____

EMPLOYER _____ WORK # _____

CONTACT PERSON (EMERGENCY ONLY)

PH# _____

Break time will be allotted for all campers. Please provide 2 snacks and lunch for your camper. The theatre will provide Kool-Aid to drink (and water) every day of camp.

____ KomedY for Kids©

ALL STUDENTS MUST PROVIDE 1 NEW WHITE T-SHIRT FOR COSTUME BY FRIDAY, JUNE 9, 2017. PLEASE MAKE SURE WHITE T-SHIRT EXTENDS AT LEAST 4 INCHES PAST WAIST ON CHILD. THIS ALLOWS THE STUDENT FREEDOM TO PERFORM WITHOUT TUMMIES SHOWING.

June 5th-9th: 9 AM to 4:30PM & June 12th-16th: 9 AM to 4:30 PM

Final performance on Sat. June 17th

Tuition: \$325.00

All sales are final. Registration and tuition is due 10 days before the camp start date.

MAKE CHECK PAYABLE TO: MARTIN CITY MELODRAMA & VAUDEVILLE COMPANY

martincitymelo@yahoo.com

(913) 642-7576

WAIVER OF LIABILITY

I/We, being the legal guardian of the above applicant, authorize The Martin City Melodrama & Vaudeville Company and its agents to request medical treatment as necessary to ensure the well-being of our dependent. We hereby release the Martin City Melodrama & Vaudeville Company and its agents from any and all liability, judgments, or demands for damages arising as a result of injuries sustained while the applicant is in class or on the premises.

Signature of guardian _____ Date _____