



Two-Week Lafayette Theatre Academy and Young Singers of West Georgia Musical Theatre Performance Camp 2017

Dates: June 5-17, 2017 (weekdays 10:00 am – 4:00 pm)

Location: LSPA's Black Box Theatre

Performance Date(s): June 16 and 17 (4 shows) held at LSPA's Black Box Theatre

Ages: Rising 3rd grade – 8th grade

Tuition: \$300/child (each family will get 2 comp tickets to the final production)

Production: Disney's: The Lion King Jr

Principle Role Auditions: May 22nd or 23rd from 6:00-8:00PM (All camp participants will get a part in the final production. Auditions will be held in the LSPA Black Box Theatre.)

Camp Description: Explore the world of musical theatre and make new friends who share the love of being on stage at Lafayette Theatre Academy's annual performance camp. Led by director and theatre instructor, Valerie Longshore-Sargent with musical instruction provided by Stacey Hardigree, artistic director of the Young Singers of West Georgia, this camp promises to provide an all inclusive performing arts experience.

Students will work with an experienced creative team to rehearse and present a musical theatre production. Together we'll prepare a fantastic musical performance, design costumes, and help build sets. No experience necessary! All that is required is curiosity and the desire to have fun in a creative environment. The process allows young artists with a wide range of skills and talents to explore their own interests and imaginations, while working collectively as a group for a common goal.

After 2 weeks of working together, campers will perform a musical for their family, friends, and the Troup County community. For further information, please call 706-882-9909.

LTA Camp 2017 – June 5-17

Please complete and return registration below and first half of tuition by May 11, 2017. Final payment is due by June 5, 2017. You will receive confirmation via e-mail.

Student Name _____ School grade 2017-18 _____
D.O.B. _____ Age _____
Parent Name(s) _____
Email _____
Mailing Address _____
Home Phone _____ Cell/Work Phone _____

Lafayette Society for Performing Arts

Liability/Medical Release

Student's Name: _____ DOB: _____

Address: _____ City: _____ ST: _____ Zip: _____

Emergency Information

Parent/Guardian Name: _____ Home Ph: _____ Work Ph: _____

Parent/Guardian Name: _____ Home Ph: _____ Work Ph: _____

Allergies: _____

Other Medical

Conditions: _____

Medical Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy Number: _____

Student's Physician: _____ Phone: _____

In an emergency, when parent/guardian cannot be reached, please contact:

Name: _____ Home Ph: _____ Work Ph: _____

Name: _____ Home Ph: _____ Work Ph: _____

STUDENT OR PARENT/GUARDIAN AGREEMENT

I, as the adult-age student or the parent/guardian of the registered, minor student, agree to abide by the rules of the Lafayette Society for Performing Arts and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with the theater arts and in consideration for LSPA accepting the student for its programs and activities, I hereby release, discharge and/or otherwise indemnify LSPA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of LSPA and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Adult Student or Parent/Legal Guardian of Minor Student (Print): _____

Signature: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT

As the adult student or parent/legal guardian of a minor participant in LSPA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve this live, limb or well-being of the student.

Signature: _____ Date: _____

Lafayette Society for Performing Arts

Photo Release Form

I hereby grant to the Lafayette Society for Performing Arts (LSPA) and all its affiliated organizations and sponsors permission to use my likeness in a photograph, digital reproduction or video in any and all of its official publications and publicity material, including official website entries and official Facebook pages without payment or any other consideration.

I understand that any and all photographs, digital images or video taken by an individual in the employ of the Lafayette Society for Performing Arts are the sole and exclusive property of LSPA and its affiliated organizations and sponsors, which retains all rights, title and interest in such images or photographs.

I hereby irrevocably authorize LSPA and its affiliated organizations to edit, alter, copy, exhibit, publish, or distribute these photos or images for the purpose of publicizing LSPA, its affiliated organizations, or its sponsors for any other lawful purpose. Additionally, I waive any right to inspect or approve the finished product wherein my likeness appears. Furthermore, I waive any right to royalties or other compensation for the use of my likeness.

I hereby hold harmless and release and forever discharge LSPA and any other organization affiliated from all claims, demands, and causes of action which I, me heirs, representatives, executors, administrators, or any other persons acting on my behalf or the behalf of my estate may have are may have by reason of this authorization.

I am 21 years old and am competent to contract in my own name. I have read this release and fully understand its contents, meaning and impact of this release.

Signature

Date

Printed Name

Date

If the person signing is under the age of 21, there must be consent by a parent or guardian, as follows:

“I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the forgoing on behalf of this person.”

Parent or Guardian

Date

Parent of Guardian Printed Name

Date