



Student's Name: \_\_\_\_\_

Gender: \_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Current Grade: \_\_\_\_

Parents' Names: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Payment: CC \_\_\_\_ Check \_\_\_\_ T-shirt size: Adult (S, M, L, XL) \_\_\_\_ Payment Plan \_\_\_\_

*\*If registering multiple students, please include a separate registration and waiver form for each student.*

**Early Admission Information**

Early Admission applications are due by April 15th, 2020 . Early admission discount of **\$600 (full price is \$3799)** applies when application is received by April 15th, 2020. Early Admission Applicants receive their admission decision on April 30th, 2020. Housing deposit of \$1275 due May 15th.

**Regular Admission Information**

Regular Decision Applications are due on April 30th, 2020. Housing deposit of \$1275 due May 15th, 2020. Balance of \$2524 due before June 14th, 2020. Custom payment plans available.

**\*Sibling Rate: 25% off total cost of two or more members of the same household**

Mail forms and payment (if check) to:  
Sing for America 6 Wilden Dr. Easton, Pa 18045  
Payment Methods: Credit Card (via 610-417-2189) or Check (payable to Sing for America), Paypal, Cashapp, Venmo

**Dates: June 15th-19th: 9am-4pm; June 22nd-26th: 9am-4pm; June 29th-July 3rd: 9am-4pm; July 6th-7th: 9am-4pm; Performances: July 8th-12th**

**\*If you chose to pay with a plan please contact us with requested terms\***

**SING FOR AMERICA PRESENTS**  
**Consent/Release Form for Summer Program Participants**

Each summer program participant must complete this form, individually, and have the signature of a parent or legal guardian before s/he may participate in theatre production/performance and camp activities. All sections must be completed. Please print legibly and use a black or blue ink pen.

**Participant Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**In Case of Emergency**

Person #1 \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Phone (day) ( ) \_\_\_\_\_ Phone (night) ( ) \_\_\_\_\_  
Person #2 \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Phone (day) ( ) \_\_\_\_\_ Phone (night) ( ) \_\_\_\_\_

**Medical Profile**

Generally, my health is (check one) \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor  
If fair or poor, please explain your condition: \_\_\_\_\_

List any medical difficulties for which you are currently being treated: \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any medicines or substances to which you are allergic: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physician Address \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Policy number \_\_\_\_\_

**Authorization for Medical Treatment**

For myself and/or on behalf of my participating child/grandchild, I hereby give permission for any physician, hospital, or health care facility to provide medical care, treatment, and administer medication to participant as deemed necessary by a physician or the LUPD.

**Release of All Claims**

For and in consideration of participation in SFA Theatre activities, I hereby acknowledge that we understand that there could be some risks involved, and we hereby assume all such risks. I hereby release SFA and all of its agents, employees, officers, and directors from any and all risks, actions, causes of action, claims, demands, liabilities and obligations of any and every nature whatsoever, including, without limitation, for illness, personal injury, death, property damage, and personal or proprietary rights, and hereby hold SFA harmless and agree to fully indemnify SFA from and against any and all claims. I hereby personally assume full responsibility for any and all claims and for any and all hospital and medical bills for myself and/or participant. I hereby certify to SFA that I have obtained and will maintain in full force and effect adequate primary medical insurance for myself and/or participant. In the event it is necessary for me or participant to return home due to disciplinary action, for medical reasons, or otherwise, I hereby personally assume full responsibility for all such transportation arrangements and costs.

Parent/Legal Guardian Initial \_\_\_\_\_

Student Initial \_\_\_\_\_

**Consent to Use and Publication of Image**

I hereby give Sing for America Presents the absolute, unconditional, and irrevocable right and permission to use my name and Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotape images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during and/or after the theatrical event and to circulate same in any and all forms and media for art and advertising, and I hereby consent to the use of all printed matter in conjunction therewith and waive all rights to inspect and/or approve drafts, finished products, and/or editorial, promotional, and printed copy and sound tracks that may be used in connection therewith, and waive all rights to control any aspect of any production, alteration, use, distribution or disposition of said products, copy, and/or sound tracks, and hereby discharge and agree to hold SFA harmless and fully indemnify SFA from and against any and all claims arising by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the production, processing, duplication, projecting, or displaying of said images of me and/or Participant, and from any and all claims for violation of any personal and all proprietary rights me or the Participant may have or may claim to have in connection with such images and with the production, alteration, use, distribution, and disposition thereof.

**Please complete and sign below**

Participant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Custodial Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

Parent/Legal Guardian Initial \_\_\_\_\_

Student Initial \_\_\_\_\_