

The Wallace Summer Camps Application

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade (in Fall) _____ Birth date ____/____/____ Age ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Cost and Camp: Please check which camp your child will attend.

Theater Camp: Ages 8 to 18 (Attendees will be divided to work with similar age groups)

_____ **In-Person 8 Day Camp June 12-15 and 19-22 (9:00am-4:00pm Monday-Thursday each week)**

Final performance will be June 22nd at 6:00pm.

\$275 per child, *Early Bird Discount!* \$250 if signed up by May 31st. Scholarships are available, see application on website or call Tina at 806-894-4770.

Scholarships and payment plans are available.

Children can be dropped off as early as **8:30am** and picked up as late at **5:15pm** for a fee of **\$25 for each week.**

Yes _____ No _____

Please make payment to Levelland Wallace Theater.

Payments and applications can be dropped off at George R. Keeling Insurance Agency at 507 Ave G or emailed to Wallace@WallaceTheater.com. Please contact Alycyn Keeling at 806-789-9097 to drop off payment and application.

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

If someone else will pick up your child one day, you must send a signed note with your child to camp.

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

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Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

| <u>Medical Problem</u> | <u>Required treatment</u> | <u>Should paramedic be called?</u> |
|------------------------|---------------------------|------------------------------------|
| _____ | _____ | Yes/No |
| _____ | _____ | Yes/No |
| _____ | _____ | Yes/No |

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact: (If different from contact above)

| | Name | Phone # | Relationship to Child |
|------------|------|---------|-----------------------|
| Contact #1 | | | |
| Contact #2 | | | |
| Contact #3 | | | |

Please circle how you heard about The Wallace Theater Camp.

Website School _____ Word of Mouth Flyer Other _____

Camp T-shirt Size: (please circle one)

| | | | | | |
|---------------------|---------|-------|--------|-------|---------|
| <u>Youth</u> | X-small | Small | Medium | Large | X-large |
| <u>Adult</u> | X-small | Small | Medium | Large | X-large |

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Terms of Agreement

Medical Release:

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that The Wallace Theater Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Photo Release

I hereby give permission for my child to be photographed during **The Wallace Summer Programs**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of The Wallace Theater Camp and its affiliates.

Parent's/Guardian Name Printed:

Parent's/Guardian Signature:

Please return application to the Wallace:

By E-mail: Wallace@WallaceTheater.com

In person at:

**George R. Keeling Insurance Agency
507 Ave. G
Levelland, TX 79336**

Payment can be made by cash, check or credit card. For credit cards please call Tina at 806-894-4770.

Questions: Call or Text Alicyn Keeling at 806-789-9097

Thank you!! We can't wait for your kids to have fun and make great summer memories at the Wallace!

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Summer Camp Accident Waiver and Release of Liability Form

I hereby give my permission for my child _____ to participate in the Wallace Theater Camp Program. (823 Houston Street, Levelland, TX 79336)

In the event of illness, injury, and/or accident, I authorize the camp instructor or any Levelland Wallace Theater employee to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary expenses incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that the Levelland Wallace Theater may, in its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of camp fees for unattended days. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.

I understand that the risks associated with camp activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that the Levelland Wallace Theater is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of Levelland Wallace Theater, volunteers, employees, trustees, directors, officers, or any other entities being released.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern the actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in this activity, I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the Levelland Wallace Theater, its trustees, officers, employees, camp counselors, volunteers, entities or other persons released, for my child’s death, disability, personal injury (mental or physical), property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity;

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Levelland Wallace Theater, its trustees, officers, employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I understand that while participating in this activity, my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The Levelland Wallace Theater, its Trustees, directors, officers, and all its employees, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of the Levelland Wallace Theater, its agents and employees. I agree this Accident Waiver and Release of Liability Form shall be governed for all purposes by Texas law, without regard to any conflict of law principles. This Accident Waiver and Release of Liability Form supersedes any and all previous oral or written promises or other agents.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Participant’s Printed Name (Please print legibly) Age

Parent/Guardian Printed Name (Please print legibly) Parent/Guardian’s Signature Date
(If under 18 years old, Parent or Guardian must also sign)