

HOPE MUSICAL THEATRE



Counselor Applicant's Name: _____ Entering Grade (Fall 2017): _____

PARENT'S NAME: _____ SCHOOL: _____

CIT last year? circle one: (Yes No) How many years _____

PHONE: _____ CELL: _____

EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CAMP CHOICE:

(Circle as many camps as you would like to attend.)

(Includes: all supplies, HMT Tshirt, recommendation letter, show soundtrack, and pizza lunch on show days.)

CAMP 1: June 5 - June 16

Time: 8:30am - 4:10pm

CAMP 2: June 19 - June 30

Time: 8:30am - 4:10pm

CAMP 3: July 3 - July 14

****There IS camp on July 4th!**

Time: 8:30am - 4:10pm

CAMP 4: July 17 - July 28

Time: 8:30am - 4:10pm

Show Days ends around 4:45pm

T-SHIRT ORDER:

(Counselor will be given 1 t-shirt to wear to camp.)

Please circle your T-Shirt size:

Youth: SM | MED | LG | XL

Adult: SM | MED

“THE SPARKLE SHOP”

Circle any extra items

T-Shirt, Star Bracelet = \$15

Tank Top, Shorts = \$20

Hat = \$10

Sweatshirts = \$30

HMT SPIRIT PACK = \$65

(Backpack, Shirt, Button, Bracelet, Hat and more!)

Tuition: Basic (\$550) | Basic + 3 Camp Photos (\$575) | Basic + Spirit Pack (\$615)

Camp \$ _____ Souvenir \$ _____ = Total \$ _____

I, _____ (parent) understand that it is MANDATORY to be at camp every day with no early pickups.

PARENT: _____ SIGNATURE: _____ DATE: _____

TUITION: Please attach tuition payment to application, written to Hope Musical Theatre.
Refund Policy: NO REFUNDS after April 1st, 2017. \$75 fee for cancellations before April 1st.

Mail application form to:

Hope Musical Theatre, PO Box 3654 Redwood City, CA 94064

HOPE MUSICAL THEATRE - SUMMER 2017

Registration continued/Consent form

I hereby give consent for my son/daughter: (print child's name) _____ to participate in Hope Musical Theatre 2017 season.

I am aware that my child will be involved in the normal hazards of theatrical activities. In consideration of acceptance of this application, intending to be legally bound, hereby, for ourselves, our heirs, executors and administrators waive and release all rights and claims that may arise against Hope Musical Theatre, and any persons affiliated with this camp/workshops. I give permission to the director of Hope Musical Theatre to provide and approve immediate and responsible emergency care and transportation should it be required.

I give permission to the directors of Theatre to provide and approve immediate and responsible emergency care and transportation should it be required. Hope Musical Theatre reserves the right to dismiss campers without refund if either campers or parents interfere with the smooth operation of the camp/workshop program.

I hereby grant Hope Musical Theatre full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, internet, or photographs taken by Hope Musical Theatre and its agents of my child at Hope Musical Theatre.

I also authorize my son/daughter to participate in any athletic activities including dance or gymnastics during Hope Musical Theatre Season and all rehearsals and or performances. I understand that with any athletic or physical activity, my son/daughter may risk physical injury. I release any liability or responsibility with Hope Musical Theatre and its instructors and choreographers.

HMT does not provide coverage through Workers' Compensation, and your own personal medical insurance is primary in case of bodily injury.

Please list any food allergies, health conditions, special needs, learning disabilities, behavioral issues, etc. of which we should be aware or that would better help us to understand your child: (please print clearly..)

EMERGENCY CONTACT:

Name: _____ Relation: _____ Phone: _____

"Hold Harmless Agreement" The undersigned agrees to defend, indemnify and hold harmless, Hope Musical Theatre and its officers, employees, servants and agents thereof from any and all claims, suits or actions for injuries to persons, including death, and damage to property of others or of the undersigned that may arise from or result in any way from the operation of this Agreement.

PARENT NAME: (print) _____

PARENT SIGNATURE: _____ DATE: _____

* How did you hear about HMT Summer Camp? _____

CARPOOL: Please list all people that have permission to pick up your child. _____

HOPE MUSICAL THEATRE SUMMER CAMP
2017 Counselor in Training (CIT) Application

Tuition is \$550.

(Includes: all supplies, HMT Tshirt, recommendation letter,
show soundtrack, and pizza lunch on show days)

STUDENT COUNSELOR SHOULD FILL OUT QUESTIONS BELOW:

- 1) We are looking for teens with **HIGH ENERGY**, a positive attitude, hard working and a real team player. Is this you? (Yes or No) Please explain what experience you have in using these qualities.

- 2) What theatre experience do you have? (Performing or working back stage.)

- 3) What special skills or interests/hobbies do you have?

- 4) What experience do you have working with younger children?

- 5) Why do you want to be a CIT for HMT Summer Camp?

- 6) Questions for HMT Summer Camp staff?

- 7) How did you hear about HMT Summer Camp?

- 8) The CITs get a small feature performance in each show. What special skills could you add to this performance?

Hope Musical Theatre

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND
PARENTAL CONSENT AND INDEMNITY AGREEMENT

In consideration of my child being permitted to leave campus for lunch, I agree to the following:

1. I understand the nature and privilege of leaving campus for lunch and the maturity level needed from said Minor. I believe the Minor to have such experience, maturity level and capability to leave campus. I further agree and warrant that I will instruct the Minor that if at any time the Minor believes conditions to be unsafe, he/she will immediately discontinue the off campus activity.

2. I fully understand that (a) leaving the campus of Palo Alto High School (Hope Musical Theatre) involves risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, BLINDNESS, PARALYSIS AND DEATH ('risks'); (b) these risks and dangers may be caused by the Minor's own actions or the inactions of others participating in the off-campus privilege or of others not associated with Tampa Prep, or the condition in which the activity takes place or THE NEGLIGENCE OF THE 'RELEASEES' NAMED BELOW; (c) there may be other risks and social and/or economic losses either not yet known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages incurred as a result of the Minor leaving campus.

3. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS HOPE MUSICAL THEATRE - Sarah Hope, its respective administrators, directors, agents, officers, volunteers, employees, other participants, sponsors and/or advertisers, from all liability, claims, demands, losses or damages on the Minor's account, caused or alleged to be caused in whole or in part by the negligence of the 'releasees' or others, and I further agree that if, despite this release, the Minor or anyone on the Minor's behalf makes a claim against any of the releasees named above I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGES, OR COSTS WHICH MAY BE INCURRED AS THE RESULT OF ANY SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AND THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW, AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Leaving Campus for Lunch

Please check one of the following:

My Student is permitted to leave campus for lunch _____

My Student is **not** permitted to leave campus for lunch _____

Student's Full Name _____

Parent or Guardian _____ Phone Number _____

Parent Signature _____

Leaving at the end of Camp without an adult pick up.

I give permission to my child _____ to go home from camp without an adult.

(circle) biking, walking, other _____

I take full responsibility of my child's safety once camp is over and the CIT is dismissed from Hope Musical Theatre Musical Camp.

I give my child permission to go home from camp on their own. (Either biking, walking or otherwise.)

Parent Signature _____ Date: _____