

## ONLINE MASTER CLASS | BROADWAY THEN AND NOW 2020

Save! Register & Pay by June 26, 2020 to receive Early Bird Discount!

Cost \$400 (Early Bird Discount \$350) two-week camp | Completing grades 5-12

*Checks made payable to Palm Beach Atlantic University | Registration Closes July 10, 2020*

Mail to: Palm Beach Atlantic University Children's Theatre  
Becky Saunders  
PO Box 24708  
West Palm Beach, FL 33416

### STUDENT INFORMATION

Please complete separate registration form and select age group for each camper:

**Online Master Class | BROADWAY THEN AND NOW | 9am – 12pm | Two-week Camp | July 13-17 & 20-24, 2020**

Last Name		First Name	Middle Name
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Grade (as of September 2019)
Street Address ( <i>mailing address</i> )			Apartment/Unit #
City		State	Zip Code
School			

### PARENT/GUARDIAN INFORMATION

Parent/Guardian's Last Name	Parent/Guardian's First Name	Parent/Guardian's Home Phone
Parent/Guardian's E-mail Address (checked regularly)		Parent/Guardian's Cell Phone

PLEASE USE A SEPARATE REGISTRATION FOR EACH CHILD.

PLEASE COMPLETE THE MEDIA & EMERGENCY TREATMENT/LIABILITY RELEASE FOUND ON REVERSE.

**MEDICAL & EMERGENCY**

Emergency Contact's Last Name	Emergency Contact's First Name	Emergency Contact's Home Phone
Emergency Contact's Relationship		Emergency Contact's Cell Phone

Please describe any special medical or behavioral concerns, allergies, or physical conditions that may affect your child's participation which you would like us to be aware:

**RELEASE OF LIABILITY AND HOLD HARMLESS**

In the event of an accident or illness, I understand that every reasonable effort will be made to contact a parent/guardian immediately. However, if I am unavailable, I authorize the PALM BEACH ATLANTIC UNIVERSITY CHILDREN'S THEATRE staff to secure emergency medical care for my child as needed. Although I understand that PALM BEACH ATLANTIC UNIVERISTY CHILDREN'S THEATRE will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in theatre arts, which may include physical injury or other consequences arising or resulting from the program. Being fully aware of these risks, I hereby consent to my child's participation in this program and agree to hold the PALM BEACH ATLANTICU UNIVERSITY and PALM BEACH ATLANTIC UNVIERSITY CHILDREN'S THEATRE staff harmless in any event.

PLEASE SIGN HERE:  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO/VIDEO/RECORDING CONSENT AND RELEASE**

I, the undersigned, am the parent or guardian of my minor child named below, with full authority, herein to give this legally-binding Release to Palm Beach Atlantic University, Inc. ("PBA"), individually and on behalf of my minor child. For valuable consideration received, I, individually and on behalf of my minor child, hereby consent to and authorize PBA, and those acting pursuant to its authority, to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- (b) Use my name in connection with these recordings.
- (c) Publish, re-publish, adapt, exploit, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or re-use in any medium including, but not limited to, print publications, video tapes, DVD, CD-ROM, Internet/WWW, these recordings for any purpose that PBA, and those acting pursuant to its authority, deem appropriate, including, but not limited to, promotional or advertising efforts.

I release PBA and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of PBA. I represent and warrant that I am the parent or legal guardian of my minor child and am fully competent and authorized to execute this Release. I have read and fully understand the terms of this Release.

PLEASE SIGN HERE:  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_