

**JUNIOR SESSIONS:**Entering Grades  
1<sup>st</sup> through 5<sup>th</sup>**SENIOR SESSION:**Entering Grades  
6<sup>th</sup> through 12<sup>th</sup>**THE ARTS CENTER  
OF CANNON COUNTY****2024 Summer Youth Conservatory  
Registration Form****FOR OFFICE USE ONLY:**

Session: \_\_\_\_\_

Group: \_\_\_\_\_

Age: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Tuition Paid: \_\_\_\_\_

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Age (as of 6/1): \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

School Attending: \_\_\_\_\_

T-Shirt Size: ☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Youth XLarge☐ Adult XSmall ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult XLarge ☐ Adult XXLARGE**PARENT/GUARDIAN INFORMATION**

Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Address (Street/City/State/Zip): \_\_\_\_\_

The Arts Center of Cannon County has permission to use my child's image: ☐ YES ☐ NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SELECT THE PREFERRED SESSION FOR WHICH THE STUDENT IS APPLYING**

(Please select only one session)

☐ JUNIOR SESSION #1: June 3rd-14th, One (1) Showcase Performance - Sat, June 15th☐ JUNIOR SESSION #2: June 17th-28th, One (1) Showcase Performance - Sat, June 29th☐ SENIOR SESSION: July 8th-19th, One (1) Showcase Performances - Sat, July 20<sup>th</sup>

*Summer Youth Conservatory is planned based on enrollment, and therefore no refunds are guaranteed. If your student must drop enrollment for a medical or other unforeseen emergency, please notify us prior to the beginning of the session and we will make every effort to fill the spot with another student and offer a refund, if successful.*

## **EMERGENCY CONTACTS**

*Other than the PARENT/GUARDIAN(S) listed on the first page, these emergency contacts will be the only people permitted to pick up students from camp, unless signed consent is submitted and received ahead of time. **Please list up to three (3) EMERGENCY CONTACTS.***

Name	Phone	Relationship to Student

**Please list family medical information, should it be needed in the event of an emergency, here.**

PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MEDICAL INSURANCE: \_\_\_\_\_ POLICY #: \_\_\_\_\_

Information given on this form is strictly confidential. The full and honest completion of this form will result in a happier & healthier experience for all students, parents, and staff. Failure to complete this form honestly may result in the students removal from camp. The Arts Center of Cannon County reserves the right to dismiss any student whose conduct or influence presents as detrimental to the learning environment of Summer Youth Conservatory, as well as the right to request medical verification of a student's ability to participate in all camp activities. If a student is dismissed for disruptive behavior, there will be no tuition refund. A staff member will always consult with a parent/guardian before a student is permanently dismissed. The Arts Center of Cannon County and Summer Youth Conservatory program have a Zero-Tolerance Policy for all forms of bullying.

**Please answer the following questions honestly, explaining all "YES" answers on the back of this form.**

Does your child have special physical needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child have special medical needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child have behavioral problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child have allergies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### **Are any of the following true for your child?**

There is a critical/important transition happening at home...	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Child has been hospitalized within the last three (3) years...	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Child has been diagnosed with Attention Deficit Disorder (ADD or ADHD)...	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Child has been diagnosed with Obsessive Compulsive Disorder (OCD)...	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Child on any medications, including behavioral medications such as Ritalin or Prozac...	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please list all medications:

---

---

---

Condition(s) for which the medication is prescribed:

---

---

Are you discontinuing medication over the summer? ☐ YES ☐ NO

## **RELEASE AND MEDICAL AUTHORIZATION**

STUDENT'S NAME: \_\_\_\_\_

I have read and understand the rules outlined in this document. I hereby release and hold harmless The Arts Center of Cannon County and its directors, officers, managers, staff, employees, agents, and all other persons acting on its behalf, from any and all causes of action, liability, damage, loss and expense, including attorneys' fees and court costs, whether based upon causes of action for strict liability, negligence, intentional conduct or otherwise, in connection with the participation of the above student in any activity conducted by The Arts Center of Cannon County, whether at its premises or elsewhere. This release is made in all my legal capacities, including on my own behalf, and on behalf of any other parent or guardian of the above named student, and as legal representative and guardian of the above named student.

## ***AUTHORIZATION FOR MEDICAL TREATMENT***

I hereby consent and authorize The Arts Center of Cannon County to obtain emergency medical care for the above named student for any injury which may result from participation in the activities at The Arts Center of Cannon County on or about its premises. I understand that The Arts Center of Cannon County provides no medical insurance coverage for participants of this program.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian (please print): \_\_\_\_\_

**Please List Previous Theater Experience on Back (if any)** →