



## Summer Workshop Enrollment Form

Please indicate which workshop you are interested in attending

- Holy Spirit- 2 Week Camp (June 7–18) \$325
- E.P. Tom Sawyer- 1 Week Camp (June 14-18) \$200
- E.P. Tom Sawyer- 2 Week Camp (July 19–30) \$400
- E.P. Tom Sawyer- 1 Week Camp (August 9-13) \$200

Participants name: \_\_\_\_\_ Age as of 5/08: \_\_\_\_\_ Grade 09/10: \_\_\_\_\_

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

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

### Parent or Guardian Information

First Parent/Guardian: \_\_\_\_\_

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

Work Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Second Parent/Guardian: \_\_\_\_\_

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

Work Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Medical Information

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical conditions pertaining to your child which we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### Payment Information

To hold a spot in the program please send a \$100.00 non- refundable deposit along with the full enrollment packet to:

Extreme Kids Theatre Workshop, LLC  
P.O. Box 991262  
Louisville, KY 40269

Alternatively, use our online payment option and email the forms to:

Director Jodi Karem: [jodi@extremekidstheatre.com](mailto:jodi@extremekidstheatre.com)

(Balance due two weeks before the start of camp)



## Photo Release Form

I give permission to Extreme Kids Theatre Workshop llc, to take and publish photographs, digital images and /or videotaped images of my child for news, advertising and/or promotional purposes in print and electronic media. I understand that I will not be compensated for any photograph or other images which may be used in this capacity, or which would be sold to participants, their families, or friends.

I agree that Extreme Kids Theatre Workshop llc, shall not be liable for any claims, demands, actions, or causes of action of any sort whatsoever resulting from the publication of these photographs or other images. I do hereby forever release and discharge Extreme Kids Theatre Workshop llc, offices, employees, agents or servants from all such claims, demands, actions or causes of action.

Participant's Full Name: \_\_\_\_\_

Parent/ Guardian Full Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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



## Costume Measurements

Please complete full form

Name: \_\_\_\_\_

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

Height: \_\_\_\_\_

Waist to floor: \_\_\_\_\_

Neck to floor: \_\_\_\_\_ (at nape)

Neck: \_\_\_\_\_

Chest: \_\_\_\_\_

Waist: \_\_\_\_\_

Hips: \_\_\_\_\_

Head: \_\_\_\_\_ (circumference)

Shoulder to wrist: \_\_\_\_\_

### Current clothing sizes

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

Pants: \_\_\_\_\_

Inseam: \_\_\_\_\_

Shoe size: \_\_\_\_\_