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1250 Portland Ave | Chicago Heights, IL 60411 | 708-758-5585

# 2019 Performing Arts & Film Camp Application Packet

Ages 9 to 18  
(or 8 year old entering 4<sup>th</sup> grade)

June 24, 2019 to August 1, 2019

Tuition Fee \$250.00  
(Includes \$50.00 Non-Refundable Registration Fee)

## DEADLINE

For Application & Payment:

Monday, June 24, 2019

Failure to submit forms AND payment WILL result in dismissal from the program  
AND loss of registration fee.

Please RETURN PACKET to:

Tonii Harris  
Program Director

Thank You.

# Application Form

Child (1) Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My Child likes to : Dance \_\_\_\_ Sing \_\_\_\_ Act \_\_\_\_ Play Instrument \_\_\_\_

Child (2) Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My Child likes to : Dance \_\_\_\_ Sing \_\_\_\_ Act \_\_\_\_ Play Instrument \_\_\_\_

Child (3) Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My Child likes to : Dance \_\_\_\_ Sing \_\_\_\_ Act \_\_\_\_ Play Instrument \_\_\_\_

**Mother's Name:** \_\_\_\_\_

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

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

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell# \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Emergency Contact Name (1): \_\_\_\_\_ Emergency Number #: \_\_\_\_\_

Emergency Contact Name (2): \_\_\_\_\_ Emergency Number #: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address: (If different) \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Legal Guardian (if applicable):**

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

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

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

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

**(If you are registering more than one child, please indicate the name of the child you are referencing)**

Does your child have any **THEATRICAL EXPERIENCE**? YES \_\_\_\_\_ NO \_\_\_\_\_

If **YES**, please explain:

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

Is your child involved in any other activities or sports?

\_\_\_\_\_

How would you describe your child's temperament? \_

Does your child have any fears or phobias (be specific)? \_\_\_\_\_

**HEALTH**

What is your child's general overall health? \_

Are there any physical, hearing or speech difficulties? \_\_\_\_

Has your child had any serious illness, operations, accidents or hospital experiences? \_\_

Are there any other health factors which you think would be helpful for us to know? \_\_\_\_\_

Please tell us any other **VITAL** information that would help us take better care of your child:

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

# Program Consent Form

It is my responsibility to make sure that my child arrives to and from Bethel Family Resource Center **ESCORTED** on the scheduled days of the program. I understand that my child can be **dismissed from the program for frequent unexcused absences or for behavioral problems.**

I understand that Bethel Family Resource Center and the instructors of the Performing Arts Camp Program disclaim any liability of loss in connection with injury sustained during exercises, instructions and activities given or costs of defending such claims. I further understand I will be liable for any negligence or negligent action on the part of my child during the participation in the Bethel Family Resource Center Performing Arts Camp 2019. \_\_\_\_\_ (please initial)

How will your child arrive to and from the program: **(Circle ONE)**                      **Walk**                      **Ride**

Person who will be escorting your child? \_\_\_\_\_

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**I have read the above information and I am in agreement with it:**

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Print (Parent or Guardian)

Relationship to Child

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Signature

Date

# RULES

**\*\*\*MUST BE SIGNED BY STUDENT & PARENT \*\*\***

1. Respect others at all times. Young ladies and gentlemen should act appropriately.
2. **NO Profanity.** This language will **NOT** be tolerated at any time.
3. **NO Fighting.** All participants must adhere to the BCF policies.
4. At no time should participants of the program be in the halls or other rooms without permission.
5. Participants must ask for permission BEFORE going to the restroom or getting a drink of water.
6. The program **will END at 2:30PM**, parents **MUST BE ON TIME** for dismissal.
7. When the program ends, all WALK HOME participants must exit the building and go straight home. Loitering on or around BCF property after the program has ended is not allowed.
8. Violation of these rules may result in dismissal from the program.

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I have read and will obey the rules above:

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Signature of **STUDENT**

I have read and will encourage my child to abide by the rules of the program:

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Signature of **PARENT OR GUARDIAN**

# Parental Consent Form

The undersigned parent / guardian of \_\_\_\_\_ consents to:  
Child(ren) Name(s)

1. My child may participate in normal childhood games and activities which may be conducted or allowed while the child is attending BCF's Performing Arts Camp. **YES or NO**
2. My child may participate in photographs connected with the program for possible use in BCF's Performing Arts Camp and promotional material. **YES or NO**
3. In case of EMERGENCY, my child may receive administration of emergency medical attention and treatment for the child. **YES or NO**
4. I adhere to all policies and procedures presented in the packet and I have received and read the packet. **YES or NO**
5. I have read and agree to the discipline policy of Bethel Family Resource Center and the Performing Arts Camp, as presented in the packet. **YES or NO**

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

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

# Pick-up Authorization Form

I **authorize** the following people to pick up my child:

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

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

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

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

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

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

# Film Release Form

The Bethel Facility Resource Center Performing Arts and Film Camp

## Student Release Agreement for a Minor

The parties to this Student release agreement are The Bethel Facility Resource Center Performing Arts and Film Camp AND:

**Parent/Guardian Names:** \_\_\_\_\_

**Student Name(s):** \_\_\_\_\_

Whereas for valuable consideration hereby acknowledged as received, the Parent/Guardian on behalf of the Student granted the Bethel Family Resource Center to photograph and/or film and sound record the Student and furthermore grant permission to use the resulting work ("the Work") according to the terms stated hereunder:

1. Any permission granted to the Bethel Facility Resource Center shall extend to his/her successors, legal representatives, licensees and assigns and shall be irrevocable and perpetual without any further or additional claim for compensation by either the Student or the Parent/Guardian.
2. Permission is specifically granted for the Work to be edited, altered, distorted, used in whole or in part, in conjunction with other images, graphics, text and sound in any way whatsoever and without restrictions.
3. Permission herein granted is absolute and final and shall not be subject to further inspection or approval by either the Student or Parent/Guardian at any stage in the use of the Work.
4. Use of the Work shall be unrestricted as to location, quantity or frequency, may be for any purpose and in any medium whatsoever, whether foreseen or unforeseen at this time, except where such use is in contravention of the law.
5. Use of the Work may be in conjunction with the Student's own or fictitious names.
6. The Bethel Facility Resource Center shall own all rights in the Work which shall accrue to the benefit of his/her successors, legal representatives and assigns.
7. The Parent/Guardian warrants having read and understood this Student Release Agreement and warrants being the Parent or legally appointed Guardian of the Student, and being of legal age and competency and with every right to enter into an agreement on behalf of the Student.
8. With full knowledge of the above, the Parent/Guardian acting on behalf of the Student hereby releases and shall hold harmless the Bethel Facility Resource Center and his/her successors, legal representatives, licensees and assigns from all claims or damages including but not limited to defamation or violation of right of privacy or publicity, resulting from or associated with the use of the Work.
9. The Parent/Guardian agrees that the provisions contained herein shall be binding upon the Parent/Guardian and Student as well as their collective successors, legal representatives and assigns.
10. This Agreement shall be construed, interpreted and governed in accordance with the laws of the State of Illinois and should any provision of this Agreement be judged by an appropriate court as invalid, it shall not affect any of the remaining provisions whatsoever.
11. The parties agree that any or all parts of this agreement may be submitted to the other party in legible and recordable electronic form and upon acknowledgement of receipt by the receiving party shall become valid parts of the agreement.

Parent's/Guardian's Signature: \_\_\_\_\_

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



# Vacation Dates

*Please circle the dates your child will be absent during the camp. We will do our best to accommodate your schedule; however, absences may result in reduced screen time for your child. Filming dates are in bold.*

Child(ren) Name(s): \_\_\_\_\_

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## June

24, 25, 26, 27

## July

1, 2, 3

8, 9, 10, 11

15, 16, 17, 18

22, **23, 24, 25,**

**29, 30, 31**

## August

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