



2024 Theatre Summer Camp Registration Form

Please email completed form to clininger@lascruces.gov
or mail to **211 N Main St, Las Cruces, NM 88001**
or drop off at the **Rio Grande Theatre Box Office** 9am-4pm Mon-Fri

PARTICIPANT INFORMATION

Please Type or Print Legibly

First Name: _____ Last Name: _____

Gender: Male Female Other: _____ Do Not Wish to Reply

Age: _____ Grade(Going Into in Fall): _____ T-shirt Size: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Phone: _____ Alt Phone: _____

Parent/Guardian Email: _____

(For Students Under 18)

Parent/Guardian Names: _____

Person's Authorized to pick up child: _____

Other Dismissal Arrangments:

Emergency Contact: _____ **Relationship:** _____

Phone Number: _____ (cell/landline)

Alt Emergency Contact: _____ **Relationship:** _____

Phone Number: _____ (cell/landline)

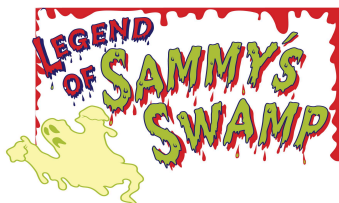
Allergies: _____

Other Medical or Health Problems Our Staff Should Be Aware of:

PAYMENTS

Tuition may be paid by (select one) **Check** **Cash** **Money Order** **Credit Card**(at theatre)
*Checks must be made out to **The City of Las Cruces***

Please select the Sections you'd like to enroll your child in:



6th-12th Grade Production

1st-12th Grade Production

1st-12th Camp Classes

6pm-8pm
June 10th-July 21st

9am-11am
June 3rd-30th

11am-5pm
June 10th-July 21st

\$150 Per Applicant

\$150 Per Applicant

\$300 Per Applicant

Number of Applicants

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Number of Applicants

Payment is due in full by **May 30th, 2024**. If you need financial assistance please mark the corresponding boxes below:

Payment Plan (*Several Payment Plan Options are available. Please Refer to the Payment Plan Chart.*)

Scholarships (*A Children's Theatre of the Mesilla Valley and Blank Conversations Theatre Company have a limited number of partial and full scholarships they can offer. Checking here does not guarantee a scholarship. You may be asked to fill out an independent application for the scholarship selection process.*)

Military/Veteran (*Please signify if either parent or legal guardian is an active member of the military or a veteran.*)

Signature of Parent or Guardian:

Date:

Signature of Second Parent or Guardian (if required):

Date:

Camper Conduct and Liability Forms

Medical Consent & Release Liability

I hereby give permission for _____ (Camper name) to participate in the **Rio Grande Theatre Summer Camp 2024.**

I declare that I am the parent or legal guardian of the above named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact me or our emergency contact. In the event that we cannot be reached, I hereby authorize the Rio Grande Theater (RGT), Blank Conversations Theatre Company (BCTC), or A Children's Theater of the Mesilla Valley (ACT) to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. I understand that as a participant my child may be climbing on and off of stage and set pieces. I further understand that my child might be running, jumping, dancing and varied other movements on stage. I understand that my child may be running, jumping, dancing near movable set pieces. I assume all risks and hazards to such participation. I also acknowledge that I must advise the program in writing if my child is not physically fit to participate fully in all activities. I further acknowledge that the Summer Camp will not be held responsible for loss or damage to personal property resulting from the student participating in camp activities. I understand that I am to provide transportation to and from rehearsals and performances. I hereby wave, release, absolve, and indemnify, and agree to hold harmless the Rio Grande Theater, the City of Las Cruces, A Children's Theater of the Mesilla Valley, and Blank Conversations Theater Company, as well as it's organizers, sponsors, supervisors, and participants for any claim arising out of accidental injury to my child.

My signature indicates that I have read, understand, and agree to the terms in the above section *Medical Consent & Release Liability.*

Parent/Guardian Signature

Date

Parent/Guardian Signature (*when required*)

Date

****This information is for the purpose of serving your child to the best of our ability. Failure to disclose this information at the time of registration may result in the student not being allowed to continue the program.***

Photo Release Form

I, the parent or guardian of _____ (Child's Name), consent to the use of the likeness (including still photographs and video) of my child in connection with the summer camp at Rio Grande Theater and related institutional promotional purposes throughout the world and without any compensation. I especially release The Rio Grande Theater, the City of Las Cruces, Blank Conversations Theatre Company, and A Children's Theater of the Mesilla Valley and their officers, directors, agents, employees, licensees, and assigns from and against any and all claims for invasion of privacy, defamation, infringement of copyright, or any other cause of action that may arise out of such use.

I understand and consent that my child's likeness (including still photographs and video) may be used in the but not limited to the following ways:

- Website Promotional for Rio Grande Theatre, Blank Conversations Theatre Company, A Children's Theatre Company
- Archival Recordings and Photos
- Paper and Digital Flyers for Future Camps
- Programs, Newspaper, and Magazine Articles

I **do not** consent to the photo release statement above

I **do** consent to the photo release statement above

I hereby irrevocably release the Rio Grande Theatre, Blank Conversations Theatre Company, and A Children's Theatre of the Mesilla Valley from any and all claims for libel and invasion of privacy in connection with the foregoing.

I, the undersigned, have read the above and agree to it's terms:

Parent/Guardian Signature

Date

Parent/Guardian Signature (*when required*)

Date

Payment Plan Chart

<i>Payment Due</i>			\$150.00	\$300.00	\$450.00	\$600.00
	Date	Deposit 20%	\$30.00	\$60.00	\$90.00	\$120.00
PLAN A	5/30/24	Payment 1	\$30.00	\$60.00	\$90.00	\$120.00
	6/6/24	Payment 2	\$30.00	\$60.00	\$90.00	\$120.00
	6/13/24	Payment 3	\$30.00	\$60.00	\$90.00	\$120.00
	6/20/24	Payment 4	\$30.00	\$60.00	\$90.00	\$120.00
		Deposit 30%	\$45.00	\$90.00	\$135.00	\$180.00
PLAN B	5/30/24	Payment 1	\$27.00	\$53.00	\$80.00	\$105.00
	6/6/24	Payment 2	\$26.00	\$53.00	\$79.00	\$105.00
	6/13/24	Payment 3	\$26.00	\$52.00	\$78.00	\$105.00
	6/20/24	Payment 4	\$26.00	\$52.00	\$78.00	\$105.00
		Deposit 20%	\$30.00	\$60.00	\$90.00	\$120.00
PLAN C	5/30/24	Payment 1	\$15.00	\$30.00	\$45.00	\$60.00
	6/6/24	Payment 2	\$15.00	\$30.00	\$45.00	\$60.00
	6/13/24	Payment 3	\$15.00	\$30.00	\$45.00	\$60.00
	6/20/24	Payment 4	\$15.00	\$30.00	\$45.00	\$60.00
	6/27/24	Payment 5	\$15.00	\$30.00	\$45.00	\$60.00
	7/4/24	Payment 6	\$15.00	\$30.00	\$45.00	\$60.00
	7/11/24	Payment 7	\$15.00	\$30.00	\$45.00	\$60.00
	7/19/24	Payment 8	\$15.00	\$30.00	\$45.00	\$60.00