



**REGISTRATION FORM**  
SUMMER THEATRE CAMP - SLEEPING BEAUTY  
JULY 6, 2026 - JULY 24, 2026

Please print clearly

CHILD'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBERS: (PRIMARY) \_\_\_\_\_ (SECONDARY) \_\_\_\_\_

E-MAIL ADDRESS: (PRIMARY) \_\_\_\_\_ (SECONDARY) \_\_\_\_\_

CHILD'S EMAIL: (IF APPLICABLE) \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

EXPERIENCE: \_\_\_\_\_

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**\$495 Registration Fee is due along with this Registration Form and the Waiver and Release Agreement. Checks\* should be made payable to Children For The Arts and returned along with both forms to the address listed below or email to: [seetishrun1@aol.com](mailto:seetishrun1@aol.com) or [tishpoorman@gmail.com](mailto:tishpoorman@gmail.com).**

CHILDREN FOR THE ARTS  
C/O TISH POORMAN, PROGRAM DIRECTOR  
1338 WESTLAKE BOULEVARD  
NAPLES, FL 34103  
239-571-3305

***Be sure you have enclosed the Registration Form, Check, and Waiver and Release Agreement.***

**REGISTRATION FEE POLICY**

The Registration Fee is only refundable up until May 4, 2026.

If for any reason you withdraw your child from the Summer Theatre Camp after May 4, 2026, the Registration Fee is non-refundable and non-transferable, in whole or in part, to any other production or camp, or any other person other than an *immediate* family member.

You may transfer it to another child in your immediate family only.

Returned checks will be charged a \$35 service fee.

BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THESE TERMS.

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PARENT SIGNATURE

\**Payments may also be made via Zelle to 239-571-3305 or Venmo: @Tish-Poorman - When using Venmo please put your child's name ONLY in the memo section.* DATE: \_\_\_\_\_  
CHECK #: \_\_\_\_\_



## INFORMATION

**AUDITIONS:** Auditions are held the first day of the production. We encourage your child to audition for as many roles as possible and not just one role. Our auditions are very low key and we want each child to feel comfortable when they're auditioning. Casting will be announced at the end of auditions.

**CASTING:** Please remember that all roles are very important to this production. We value each and every child equally and have chosen their role with careful consideration in the casting process. The objective of this production is to not only put on a great performance, but to make friends and have fun.

**CANCELLATION:** Roles will not be given out to those who have not paid the Registration Fee and completed the Registration Form.

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**LATE PICKUP FEE:** Rehearsals end at 4:00pm. After 4:00pm, a late fee will be charged at the rate of \$10.00 for each 15 minute interval or fraction thereof. We do not provide before care or after care.

### **OTHER INFORMATION:**

- Children must wear closed toe shoes and comfortable clothing.
- Pack a snack and water for our break in the café.
- Parents must wait for their children to be dismissed and may not attend auditions or rehearsals so that all focus can be put into the production.
- Performance will be held at 2:30pm on Friday, July 24th.
- Have fun!

Questions should be submitted to Tish Poorman, Producing Artistic Director  
239-571-3305  
[seetishrun1@aol.com](mailto:seetishrun1@aol.com) or [tishpoorman@gmail.com](mailto:tishpoorman@gmail.com)  
[www.childrenforthearts.com](http://www.childrenforthearts.com)



## **Waiver and Release Agreement**

**Organizer:** CHILDREN FOR THE ARTS FOUNDATION, INC.  
hereinafter referred to as CHILDREN FOR THE ARTS

**Event:** SUMMER THEATRE CAMP

**PARENT/GUARDIAN MUST SIGN THIS WAIVER TO HAVE THEIR CHILD/CHILDREN PARTICIPATE IN CHILDREN FOR THE ARTS SUMMER THEATRE CAMP. PLEASE READ CAREFULLY BEFORE SIGNING.**

I, \_\_\_\_\_ (*parent name*) have chosen to have my child/children,

participate in Children For The Arts Summer Theatre Camp. I understand the nature of the activities that my child will be participating in and acknowledge that my child is in the proper physical condition and capable of participating in the activities. I understand that Children For The Arts is not in any way responsible for making such a determination and does not provide health insurance for those participating in its theatre program.

In consideration of my child's participation in Children For The Arts, I agree on behalf of myself and my child to voluntarily assume all risks known and unknown of injuries or illnesses of any nature, including but not limited to Covid-19, and/or any contagious diseases, however caused, and hold harmless Children For The Arts, its entities, directors, owners, agents, employees, volunteers and personnel (collectively "Releasees") to the fullest extent of the law. It is my express intent that this Waiver and Release Agreement shall be deemed as a hold harmless agreement, discharge and covenant not to sue Children For The Arts. I agree on behalf of myself and my child to release and hold harmless Releasees from any and all claims, liabilities, costs and expenses arising in connection with any activity during rehearsals and performances or anytime while on the premises during the course of my child's participation in Children For The Arts including any injuries, loss, or harm that occur during the activity or are related in any way to the activity.

I authorize and agree that Children For The Arts may take and use photographs or videos of my child as needed for advertising, social media, public relations and promotional projects and that I have no rights to the same will not be compensated for the same.

**MY SIGNATURE IS PROOF THAT I HAVE READ AND FULLY AGREE TO THE TERMS OF THIS WAIVER AND RELEASE. I UNDERSTAND THIS CONTRACT AFFECTS MY LEGAL RIGHTS, AND HEREBY SIGN IT ON MY OWN FREE WILL. MY SIGNATURE IS PROOF OF MY INTENTION TO EXECUTE A COMPLETE AND UNCONDITIONAL WAIVER AND RELEASE OF ALL LIABILITY TO THE FULLEST EXTENT OF THE LAW.**

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Print name of Child/Children

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Print name of Parent or Guardian

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Signature of Parent or Guardian

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Date