



Second Generation Theatre SUMMER THEATRE CAMP

Hosted by Kenmore Presbyterian Church
2771 Delaware Ave
Kenmore NY 14217

Student's Full Name: _____

Age: _____ Date of Birth: _____ Boy _____ Girl _____

Parent/Guardian Full Name: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Mobile: _____ Home: _____

Work: _____ Email: _____

Emergency Contact and Number: _____

Doctor Name and Number: _____

Please list all known allergies, physical limitations, and concerns:

T shirt Size (Kid/Adult S, M, L, etc) _____

JULY 16-20, 9 am- 3 pm, \$150 per student

Payment Options: VISA MasterCard PayPal Cash Check (# _____)

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ 3 Digit Security Code: _____

Sign to accept that your credit card will be billed for the amount indicated above.

- checks can be sent to Second Generation Theatre Co, 40 Allegany Ave,
Kenmore NY 14217

Signature - _____

PLEASE READ SGT CAMP POLICIES & SIGN WAIVER:

- ENROLLMENT & REFUNDS: 100% Refunds will ONLY be issued prior to the start date of the class
- PLEASE be respectful of Kenmore Presbyterian's space- no gum, food, or drinks other than water are permitted in the classroom
- Please notify SGT at (716) 508-SGT0 or secondgenerationtheatre@gmail.com if you know a student is going to miss the day or be late!

WAIVER

Second Generation Theatre Company, its instructors, and the various facilities are not legally held responsible for any illness, accidents, or injury that may occur to you, an adult caregiver accompanying your child, and your child. By signing or printing your name on this document, you agree to accept full responsibility for yourself and child while attending SGT summer camp.

I have read the SGT Camp policies and waiver and agree to accept them. All the information on this registration form is accurate to the best of my knowledge.

Parent/Guardian Signature: _____



Second Generation Theatre Photo Release Form

I hereby authorize Second Generation Theatre Company, Inc. (SGT) to publish the photographs taken of me and/or the undersigned minor children, and our names, for use in SGT's printed publications and website.

I release SGT from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize SGT to use their photographs.

I acknowledge that since participation in publications and websites produced by SGT is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by SGT confers no rights of ownership whatsoever. I release SGT, its officers, trustees, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Student(s) _____

Parent/Guardian Signature: _____ Date: _____