

Dates of camp: June 2ND-14th Grades 3-12 M-F 8:30am-4:00pm at Felix E. Martin Jr. Hall.

Participants will be working on all of the elements of theatre, and will be performing "BEETLEJUICE JR." at the end of camp on Saturday, June 14th (12pm and 2:30pm).

The cost of camp is \$100 per child, \$50 for each additional sibling

Make checks payable to Muhlenberg Arts Council. Deadline for forms and money must be postmarked by May 23RD.

NOTE: SPACE IS LIMITED. IF CAPACITY IS REACHED, STUDENTS MAY BE PLACED ON A WAITING LIST.

YOU WILL BE NOTIFIED UPON RECEIPT EITHER WAY.

Bring this form and the attached waiver of liability to the front office of MCHS or mail to:

Sean Mooningham/MAC at P.O Box 513 Powderly, KY 42367

Camper Name:			Age:
9	e Adult XL Adult 2X	L	
Mailing Address:			
School:	Grade:	Gender:	Race:
	Please put the grade that	your child will be in th	<mark>e 2025/2026 school year</mark>
Custodial Parent/Guardian:	Phone:	Cell:	
Email:			
Please list if there is anything that you would lik theatre camp	e us to know that would	better his/her exp	erience with
Medical Information (Attach if necessary)			
If I am unable to pick my child up from camp, t	he person listed below h	as my permission	to do so:
Name:	Phone:	Cell:	
Address:			
Relationship:			
If I am not available in an emergency please no	tify:		
Name:	Phone:	Cell:	
Address:			
Relationship:			

Photo Use Permission

I grant Muhlenberg Arts Council Rising Stars Theatre Camp, and persons acting through them, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of my minor child without compensation for use in promotion/advertising, educational publications, or electronic publishing (web site) which they may create. Children's names will *not* be published.

Signature of parent/guardian:	Date:
Acknowledgement of Ris	k and Waiver of Liability
Name of Child(ren) participant(s):	
Name of adult participant/parent/legal guardian:	
As a legal guardian of	s or even death can occur during any physical activity. I
I understand that it is the expressed intent of the protection of me/my child(ren) and in consideration for program, I hereby for myself, heirs, executors and admit School, Arts Council RSTC, and/or Sean Mooningham, To Camp Staff, group leaders, and all those assisting with the injuries suffered by me/my child(ren) while participating	allowing me/my child(ren) to participate in the RSTC nistrators, forever release Muhlenberg County High J Teague, or any of the instructors, board members, nis event from all liabilities for any and all damages and
I also certify that I/my child(ren) am/is /are and vertify that I/my child(ren) am/is /are and vertify that I/my child(ren) am/is /are and vertify that in the person(s), I hereby agree to individually provide for the incurred by me/my child(ren) as a result of any injury su	possible future medical expenses, which may be
This acknowledgement of risk and waiver of liabi completely, is signed voluntarily as to its content and int	
Permission to Treat: I hereby give my permission to trained medical p treatment to my child(ren) should sickness occur in my a	= -
Signature of parent or legal guardian	Date