



Muhlenberg Arts Council
Working together to keep the arts alive



Dates of camp: June 1st-13th 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 "MADAGASCAR KIDS" at the end of camp on Saturday, June 13th (12pm and 2:00pm).

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 22nd.**

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: _____

T-Shirt Size (please circle): Youth Small Youth Medium Youth Large Youth XL Adult Small Adult Medium
 Adult Large Adult XL Adult 2XL

Mailing Address: _____

School: _____ Grade: _____

Please put the grade that your child will be in the 2026/2027 school year

Custodial Parent/Guardian: _____ Phone: _____ Cell: _____

Email: _____

Please list if there is anything that you would like us to know that would better his/her experience with theatre camp _____

Medical Information (Attach if necessary)

If I am unable to pick my child up from camp, the person listed below has my permission to do so:

Name: _____ Phone: _____ Cell: _____

Address: _____

Relationship: _____

If I am not available in an emergency please notify:

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 Risk and Waiver of Liability

Name of Child(ren) participant(s): _____

Name of adult participant/parent/legal guardian: _____

As a legal guardian of _____, I hereby consent to the above person(s) in participating in the Rising Stars Theatre Camp program (Hereafter RSTC). I recognize that potentially severe injuries including but not limited to permanent paralysis or even death can occur during any physical activity. I also realize my child(ren) will be performing different physical activities during the RSTC program.

I understand that it is the expressed intent of the MAC RSTC to provide for reasonable safety and protection of me/my child(ren) and in consideration for allowing me/my child(ren) to participate in the RSTC program, I hereby for myself, heirs, executors and administrators, forever release Muhlenberg County High School, Arts Council RSTC, and/or Sean Mooningham, Mason Smith, or any of the instructors, board members, Camp Staff, group leaders, and all those assisting with this event from all liabilities for any and all damages and injuries suffered by me/my child(ren) while participating in this event.

I also certify that I/my child(ren) am/is /are and will remain covered by Adequate Accident Insurance Program covering me/my child(ren)'s participation in the RSTC. As a legal guardian of the aforementioned person(s), I hereby agree to individually provide for the possible future medical expenses, which may be incurred by me/my child(ren) as a result of any injury sustained while participating in the MAC RSTC.

This acknowledgement of risk and waiver of liability, having read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Permission to Treat:

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child(ren) should sickness occur in my absence.

Signature of parent or legal guardian _____ Date _____