

F.I.R.S.T.

Summer Theatre Camp

ACTOR APPLICATION

Actor's Name _____ Phone _____

Home Address _____

Sex ___ School _____ Grade in Fall ___ DOB _____

If the actor is an adult, please fill out the appropriate information. Thank you!

****Please include a recent photograph!****

Parent's Name or
Guardian's Name _____ Email _____

Daytime Phone _____ Nighttime Phone _____

Contact Other than Parent _____ Phone _____

Will the actor be attending camp alone or with a personal assistant? ___ Yes ___ No

Activities Child Enjoys _____

How does your child's disability impact him/her? _____

Does your child use/have any of the following (check all that apply)

___ Wheelchair ___ Crutches ___ Walker ___ Braces ___ Communication Device

How does your child make his/her needs known? If your child is non-verbal, how do you communicate with him/her? _____

This application does not ensure you will be attending Summer Theatre Camp

Has your child ever been suspended or expelled from a school or child care facility due to physical or behaviors challenges (e.g. hitting, kicking, biting, bullying, etc) _____ Yes _____ No

If yes, please explain _____

Personal Care Needs:

Food Allergies:

Other Information we should know about your child (Please feel free to attach an additional sheet, if needed.):

_____ has my permission to attend F.I.R.S.T. Summer Theatre Camp at West Asheville Parks and Recreation Center starting June 26, July 6 thru July 31 from 5:30 to 7:30 pm.

If a medical problem should arise while my child is at camp and I cannot be contacted, I hereby give the hospital and physician permission to treat, give injections, administer anesthesia, and/or perform surgery for my child named herein. In the event of accident or injury, I do not hold the church or any employee or counselor responsible.

I understand it costs \$85 (cash or check made out to "F.I.R.S.T.") to attend F.I.R.S.T. Summer Theatre Camp as an actor. This fee is not due unless my child is accepted as an actor at F.I.R.S.T. Summer Theatre Camp. Scholarships applications are available for families who need them.

I _____ do _____ do not give permission for my child to be photographed for none commercial purposes.

Parent/Guardian Signature

Date

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