

Date: \_\_\_\_\_

**EmilyAnn Theatre**  
**Shakespeare Under the Stars Registration Form**  
PO BOX 801 Wimberley, TX 78676 • Office Phone (512) 847-6969  
info@emilyann.org | www.emilyann.org

*Please type or print clearly.*

**Student's Name** \_\_\_\_\_

Grade Level in Fall \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Cell # \_\_\_\_\_ Student's Email \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

**Photo/Video Release.** I hereby grant the EmilyAnn Theatre & Gardens, its representatives and employees, the right to take photographs and make video and audio recordings of my child during camp activities and to use, reproduce, and transmit, by any means now known or hereafter devised, my child's image for promoting EmilyAnn Theatre classes, camps and performances. Names of students are not released.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAYMENT INFORMATION**

\$200 per student. \$150 per additional sibling. NO REFUNDS AFTER THE START OF REHEARSALS.

*(If any student is not admitted into the program, the payment will be immediately refunded.)*

Total Tuition: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Check *(Please make payable to the EmilyAnn Theatre & include SUS & the student's name on the memo line of the check.)*

Visa     MasterCard     Discover

Name (as shown on Credit Card): \_\_\_\_\_

Last 4 digits of credit card \_\_\_\_\_ *(Full credit card # will be destroyed. Only last 4 digits will stay with form.)*

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

The EmilyAnn Theatre  
*Shakespeare Under the Stars*  
**--Medical Emergency Information/Consent for Treatment--**

**Student Name** \_\_\_\_\_

**Medical Information**

Allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

Chronic illnesses: \_\_\_\_\_

**Person(s) to Notify in Case of Emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Cell Second contact (if first person unavailable)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Consent for Medical Treatment:**

The attending physician, appropriate staff, The EmilyAnn Theatre, employees, representatives and/or agents, and their heirs, successors, and assigns, shall not be responsible in any way for any consequence from diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

The EmilyAnn Theatre does not carry medical insurance for participants in any of its programs. It is recommended that you have appropriate medical coverage for your child.

I, as parent/legal guardian, grant permission for my child, \_\_\_\_\_, to receive medical treatment.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

## The EmilyAnn Theatre & Gardens Code of Conduct

To that end, all participants in Shakespeare Under the Stars must adhere to a code of conduct exemplifying a reinvestment in human dignity. Violations of the code of conduct will result in consequences, up to and including, immediate removal from the program and criminal charges as deemed appropriate by legal authorities. Lest any member of the company think that their production responsibilities are so significant as to cause the EmilyAnn Theatre to overlook their bad behaviors, know that the show must NOT always go on. Inappropriate behavior may indeed result in the cancellation of production and/or production activity.

Actions and behaviors that are personally or collectively destructive will not be tolerated in any member(s) of the company. The preceding statement specifically includes, but is not limited to, the use of alcohol or tobacco products by any participant under the legal age as determined by the State of Texas. Likewise, the use of any illegal substance or the abuse of any prescription or over the counter medicine will constitute a violation of the Code of Conduct. Further, sexual misconduct and/or inappropriate sexual behaviors will constitute a violation of the Code of Conduct.

All participants will be given clear and concise guidelines describing appropriate behaviors and consequences of behavior that deviates from the Code of Conduct. All participants will be held accountable for their actions.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

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Participant's Name (please print)

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Participant's Signature

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If under 18 years of age, Parent/Guardian name (please print)

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Parent/Guardian Signature

## Campus Dinner Permission Form

Student Name: \_\_\_\_\_

During the dinner break, my student has permission to:

\_\_\_\_\_ Leave the EmilyAnn with another student driving

\_\_\_\_\_ Leave the EmilyAnn to walk to a nearby restaurant

\_\_\_\_\_ My student does NOT have permission to leave campus for dinner.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_