

YouTheatre Camp Registration Form



Basic Information

Name

Preferred pronouns

Age and Date of Birth

Parent's email

Address

How did you hear about CBMT's YouTheatre Camp?

Does your child have any previous experience in the theatre?

Emergency Contact

Name

Phone

Name

Phone

Health

Please list all allergies and/or physical limitations that may affect participation

Physician

Phone

Pickup/Drop-off Policy

All children may be dropped off up to 15 minutes prior to the start of camp and must be picked up no later than 30 minutes following the end of camp. Each camper must be signed in and out daily. If someone other than the parent or guardian will be picking up the child, a note must be provided to this affect.

Release

I authorize The Crested Butte Mountain Theatre to contact the people named on this form and authorized the named physician to render treatment to my child as deemed necessary in an emergency, if I am unable to be reached. In the event parents, physician or other emergency contacts cannot be reached, CBMT staff are authorized to take actions that they deem necessary.

I also understand that no refund will be issued if my child fails to abide by the CBMT code of conduct:

- Commitment to learning – Do your best and don't interfere with the learning of others.
- Consideration – Always be polite and considerate of others.
- Respect – Respect the theatre space, teachers, and other campers.

Parent or Guardian Signature

Date

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Volunteer Opportunities

We are always looking for volunteers for our other CBMT productions. We need writers, directors, actors, stage and tech hands, and help taking tickets or tending bar. If you have any interest in helping out CBMT, let us know.

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Payment

☐ Cash or Check enclosed

☐ Credit Card

CC#

Exp. Date

CVV

Signature

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☐ For information regarding financial assistance/scholarships, check here and a staff member will contact you.

For Office Use Only

Date Posted Amount Paid Amount Remaining

Payment Type Check #