

The Stella Adler Academy

Date _____

Summer Camp Application Form 2019

Name of STUDENT Date of Birth (age)

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Name of STUDENT Date of Birth (age)

Name of Parent(s) Home #

Address City Zip Code

Parent's E-mail Address Cell

Person to contact in case of emergency:

Name: Phone # 1

Phone # 2 Relationship

How did you hear about The Stella Adler Academy? _____

I am a ____ New Student ____ Continuing Student

Previous acting study / Experience:

Tuition

- Young Actors' Workshop (10 to 13 yrs):**
July 8 – July 12 / Mon. – Fri. 9 AM to 2:30 PM
\$750.00 - One Week

- Young Actors' Professional Development Workshop (14 to 18 yrs):**
July 22 – Aug. 2 / Mon. – Fri. 9 AM to 2:30 PM
\$1250 – Two Weeks

- Donation (Thank you!) \$ _____**

- Scholarship Request**

I agree that photographs of my child/children taken during class hours may be used for promotional purposes by the Stella Adler Academy and theatre, but will not be used by other organizations without written consent.

- All tuition must be paid in the form of cash, check or money order. Credit card processing fee will be 3% additionally. All returned checks are subject to a \$20.00 service charge.
- If the student misses a class for any reason the class cannot be made up. No credit will be given for missed classes. No refunds will be given.
- The Parents guarantees that any and all property or equipment of the Stella Adler Academy or any third party tenant also using the theatre will not be used, damaged or destroyed.
- There is no smoking allowed anywhere in the theatre. No pets are allowed anywhere in the theatre.
- **Please make sure your kids wear comfortable shoes and clothes for the class.**

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Stella Adler Academy / Los Angeles and all employees, affiliates, volunteers, related parties, participants or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Medical Release

I certify that my child is fit to participate in all program activities. Below, I hereby declare any physical problems or restrictions. Below, I am also listing any known allergies or special conditions of any kind as well as and medication my child takes.

The undersigned gives permission for the Stella Adler Academy / Los Angeles, its board of directors, employees and volunteers to seek emergency medical treatment for the student in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

___ Without restrictions
___ Special considerations or restrictions

I have carefully read the above release and indemnity agreement and fully understand its contents and freely sign this agreement.

Parent's Signature: _____ Date: _____

(Printed Name) _____