



# Summer Theatre Workshop

**\*\*Made possible by a Northeast Kansas Library System (NEKLS) Destination Library Grant and sponsored by a partnership between Beck Bookman Library and the Holton Community Theatre\*\***

**When: July 13<sup>th</sup>-17<sup>th</sup> from 8:30 AM-11:30 AM**  
(snack provided)

**Where: Beck Bookman Library and Holton High School Auditorium**

**Who: For upcoming 2nd-6th grade students**

Child's name: \_\_\_\_\_  
(first) (last)

Age: \_\_\_\_\_ Grade (2015-16 school year): \_\_\_\_\_

Parent(s)/Guardian(s) name: \_\_\_\_\_  
(first) (last)

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(name and relationship)  
\_\_\_\_\_ (phone)

Doctor: \_\_\_\_\_ Hospital preference: \_\_\_\_\_

Allergies/Medical concerns (please describe): \_\_\_\_\_  
\_\_\_\_\_

Previous theatre/performance experience (not required):

---

---

T-shirt size: \_\_\_\_\_

**Registration fee is \$50.00. DO NOT PAY WHEN REGISTERING. Once you've received confirmation about registration, then the payment deadline is July 1, 2015.**

**Please check if interested in scholarship opportunities.**

A portion of the proceeds from the workshop will be donated to assist in funding Holton High School auditorium renovations.

**REGISTRATION DEADLINE: MAY 25, 2015**

You may mail registration forms to: Shannon Wittmer, 12821 Oak Ridge Dr., Holton, KS 66436 **OR** Drop off forms at Holton Middle School, Attention: Shannon Wittmer

Liability Release:

I, \_\_\_\_\_, the parent and/or legal guardian of \_\_\_\_\_, give my consent for my child to participate in the summer theatre workshop listed above.

I further give my legal consent and authorize any representative of Holton Community Theatre and Beck Bookman Library to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above named child, for any injury for illness of an emergency nature he/she incurred while participating in the workshop noted above by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S.A. 65-2801, and any hospital.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child.

I acknowledge and agree that Holton Community Theatre and Beck Bookman Library is not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment or hospitalization of my student. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that theatre/library personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment. To facilitate contacting me, I agree to continue to provide current work and home phone numbers to the school.

---

Parent or Legal Guardian

---

Date