

# Student Application 2011

## **Tablerock Theatre Camp, Salado, Texas, July 17-24**

### **Cost**

\$650.00.....Student staying on site

\$500.00.....Commuting Student

A non-refundable deposit of \$300.00 made payable to **Tablerock** must accompany your application. May 25, 2011 is the application dead line. The remaining balance is due at registration on July 17, 2011. Checks or cash only for deposit or balace due, no credit card payments. There are 22 campers accepted to reside on site (11 female & 11 male campers ages 13 through 20 years old). We expect capacity to be reached before the application deadline. Campers are accepted on a first come, first served basis, however, we will choose first the application upon which all questions are answered.

### **Student Information** Please type or print clearly.

Student's Name \_\_\_\_\_ Grade level Jan. 2011 \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ M or F \_\_\_\_\_ High School \_\_\_\_\_

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

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

Email address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Work Phone( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Area of interest: Circle one      Acting      Technical Theater

Housing: Circle one      Residential/Dorm      Commuter/Staying off site

**Sign & Mail these 5 pages & \$300.00 deposit check made to Tablerock to:**

**Tablerock  
PO Box 312  
Salado, TX 76571**

For further information, e-mail [tablerock1@aol.com](mailto:tablerock1@aol.com) or call (254) 947-9205

**Tablerock Theatre Camp 2011**  
**Medical Emergency Information & Consent for Treatment**

Student's Name \_\_\_\_\_ Student Cell #(\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Student's e-mail address \_\_\_\_\_  
Parent/Guardian Phone: Cell(\_\_\_\_) \_\_\_\_\_ Home( ) \_\_\_\_\_ Work( ) \_\_\_\_\_  
Parent/Guardian E-mail address \_\_\_\_\_

**Medical Information**

Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Chronic Illnesses: \_\_\_\_\_  
Last Tetanus Shot: \_\_\_\_\_  
Physician: \_\_\_\_\_ & Tele #( ) \_\_\_\_\_

**Insurance Information**

Does student have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of Medical Insurance Company: \_\_\_\_\_  
Home Office Address \_\_\_\_\_  
Group # or ID Number \_\_\_\_\_ Name of Insured \_\_\_\_\_

**Emergency Notification (2 contacts)**

#1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone: Day( ) \_\_\_\_\_ Night( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_  
# 2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone: Day(\_\_\_\_) \_\_\_\_\_ Night( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_

**Consent for Medical Treatment:**

The attending doctor, Tablerock staff, officers, employees, representatives and/or agents, 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.

**Tablerock Festival of Salado, Inc. does not carry medical insurance for participants in any of its programs. It is recommended that you have appropriate medical coverage for your child.**

My child's name is \_\_\_\_\_ I, as parent/legal guardian,  
grant permission for my child to receive medical treatment.

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

\_\_\_\_\_  
Date

**WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT  
AUTHORIZATION FORM**

1. **EXCULPATORY CLAUSE.** In consideration for receiving permission to participate in any and all activities of Tablerock Theatre Camp (herein referred to as “activity”), which is sponsored by Tablerock Festival of Salado, Inc., I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes Tablerock Festival of Salado, Inc., and their members, officers, servants, agents, volunteers, members of employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
  
2. **INDEMNITY CLAUSE.** I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to you underage legal ward named \_\_\_\_\_, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liabilities of INDEMNITEES.
  
3. **NO INSURANCE.** I understand that RELEASEES do not maintain any insurance policy (or limited insurance policies) covering any circumstance arising from my participation in this activity or event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liabilities, insurance to cover **all** claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
  
4. **BINDS HEIRS.** It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
  
5. **MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, AND WAIVER.** I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical

facility, during my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat my child, even in an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries, (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. **VOLUNTARY SIGNATURE.** In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed: Tablerock Festival of Salado, Inc. has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **All students will engage in extracurricular activities and trips.**

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 2011

**Participant Signature:** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Participant's Date of Birth:** \_\_\_\_\_

**Parentor Legal Guardian Signature** \_\_\_\_\_  
(if Participant is under 21 years old)

**Parent or Legal Guardian Printed Name:** \_\_\_\_\_  
(if Participant is under 21 years old)

**Tablerock Theatre Camp  
PO Box 312 Salado, Tx 76571**

**Parental Authorization and Request Form  
for Student Pickup/Dropoff**

During the residential stay at the Tablerock Theatre Camp your son/daughter will be living at the Tablerock facility. Through their stay, there may be times when you might need him or her to attend a family gathering or another event. In order for the Tablerock Theatre Camp to release him/her, we ask that you provide a listing of those persons that will be allowed to pick up your child, or give your son/daughter permission to take his/her own vehicle to the event. Please list exact times and dates the students will be away from camp at another event:

Date \_\_\_\_\_ Time of Departure \_\_\_\_\_ Time of Return \_\_\_\_\_  
Date \_\_\_\_\_ Time of Departure \_\_\_\_\_ Time of Return \_\_\_\_\_  
Date \_\_\_\_\_ Time of Departure \_\_\_\_\_ Time of Return \_\_\_\_\_  
Date \_\_\_\_\_ Time of Departure \_\_\_\_\_ Time of Return \_\_\_\_\_

Son's/Daughter's Name \_\_\_\_\_

I, \_\_\_\_\_ and \_\_\_\_\_ grant permission  
(Father/Male Guardian) (Mother/Female Guardian)

for the following people to pickup and drop off my son/daughter from Tablerock Theater Camp. I understand that only the people I have listed may pick up or drop off my son/daughter after I have notified the Tablerock Theatre Camp Director by phone at least two days in advance. If there is an emergency please contact the office immediately.  
254-947-9205 or 254-913-4830

**PLEASE PLACE YOUR INFORMATION IN THE AREA BELOW:**

The listed people are allowed to pick up your son/daughter/ward.

NAME & RELATIONSHIP                      ADDRESS                      TELEPHONE NUMBER

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Signature

Date: