



SUMMER THEATRE ACADEMY

RCT ALL STARS: MUSICAL THEATRE INTENSIVE

(9th-graduating 12th Grade & 1st & 2nd year College Students)

By Audition or Invitation Only.

July 5-8 9-1pm, July 9, Dress/Tech Rehearsal 9-4pm

Performances: July 9 @ 7:30pm, July 10 @ 2:00pm \$200

MIDDLE SCHOOL MUSICAL THEATRE

(6th- rising 9th Grade)

You're a Good Man Charlie Brown

June 27-July 1 9-1pm

Performance: July 1, 6:30pm \$200

MIDDLE SCHOOL PLAY

(6th- rising 9th Grade)

There's A Boy in The Girl's Bathroom!

June 27-July 1 2-6pm

Performance: July 1, 6:30pm \$200 Or \$350.00 for both!

3RD-5TH GRADE MUSICAL THEATRE

(3rd- 5th Grade)

Jack and The Wonder Beans!

July 11-16 9-1pm

Performance: July 16, 10:30am \$200

K-2ND MUSICAL THEATRE

(K-2, Must have completed Kindergarten)

Kids Take Disney!

July 25-30 9-1pm

Performance: 10:30 am \$200

3 & 4 & 5 YEAR OLD VARIETY CAMP

SUMMER SPLASHES !

(3-5 year olds)

July 18-22 9-12pm

Performance: July 22, 11:00am \$150

REGISTRATION FORM

Name of Student:

Student Date of Birth:

Student Grade Level:

Name of Parent:

Current Address:

Email:

Parent Cell Phone #:

Student Allergies:

Current Medications:

Existing Medical Conditions:

Date of Last Tetanus:

Insurance Information (If Applicable):

Medical Insurance #:

Group #:

Preferred Hospital:

Contact in Case of an Emergency:

Name: Relationship: #:

2nd Contact:

Name: Relationship: #:

Release Form:

I allow the Roanoke Children's Theatre to use _____'s (name of student) photographs, likeness or recorded voice or video made during the camp for promotional purposes. I also release Roanoke Children's Theatre (and its teaching artists and volunteers) from any and all claims for losses or articles and damages arising as a result of any accident, injury by the named child arising from participation in any RCT Academy activities. Further, should an injury or illness be sustained, I hereby authorize Roanoke Children's Theatre to administer first aid, or seek medical attention, in the event that I, as parent or guardian, cannot be reached.

Parent/Guardian Name (Print)

Signed:

Date:

Camp Tee-Shirt Size: (Circle One)

Adult XL

Adult M

Youth L

Youth S

Adult L

Adult S

Youth M

Payment:

We accept **personal checks** made out to **Roanoke Children's Theatre** or Credit Card Payment:

Summer Academy Class Title/s:

Total Amount To Be Charged:

Name on Card:

VISA or MasterCard

Credit Card #:

Exp. Date:

Signature:

Please send both Registration/Medical Form & Release Form along with a Check or Credit Card information to:

Roanoke Children's Theatre

ATTN: Summer Academy

PO Box 4392

Roanoke, VA 24015