Clemens Center Summer Theatre Camp
Actor Registration & Parental Consent and Release Form

Dear Parent/Guardian: As part of the Clemens Center 2026 Theatre Camp Program, your child will be participating in theatre instruction and activities held at the Clemens Center located at 207 Clemens Center Parkway, Elmira, NY 14901. The Actor session will include various acting exercises and general movement associated with stage acting. Please provide the information requested below and sign the consent and release form.

Child Information:

Name: _____ _____
First Name Last Name

Address:_____
Street Address

_____
City State Zip

Contact Info: Cell Phone: _____ Email:_____

Grade entering in Fall 2026 (must be going into 9, 10, 11, or 12): _____

Preferred Pronouns _____

Best way to reach (Circle): Call / Text / Email / FB Messenger / IG / Snapchat / Other_____

Contact number or profile name _____

Check the discipline you are interested in
Writing Costuming Stage Tech Acting

If you have had any previous stage experience (such as musicals, drama, dance, etc.) please list:

_____

_____

Work sessions are scheduled for Monday through Friday 6 – 9pm beginning July 6 until July 25. If you would not be available to attend sessions on a regular basis on any of these days, please note:

_____

Attendance during the final week of the camp and performance dates is mandatory. This will be the week of July 20-24 with performances on July 24 (7:30pm) and July 25 (2:00pm) If you will not be available on any of these dates, please note:

_____

Parent or Legal Guardian Information:

Parent/Legal Guardian 1

Name: _____ _____
First Name Last Name

Relation to Child: _____

Contact Info: Cell Phone: _____ Work Phone: _____

Email:_____

Parent/Legal Guardian 2

Name: _____ _____
First Name Last Name

Relation to Child: _____

Contact Info: Cell Phone: _____ Work Phone: _____

Email:_____

Emergency Contact Name (if parent or guardian is not available)

Name: _____ _____
First Name Last Name

Relation to Child: _____

Contact Info: Cell Phone: _____ Work Phone: _____

Email:_____

Health Information:

Describe any activity from which your child should be restricted in participating:

_____

_____

Describe any physical, mental, or other condition of your child that would require special attention or medication while at camp:

_____

_____

List any past medical treatment for your child that would be helpful for us to know:

_____

_____

List any allergies of your child (ex: bees, peanuts, dairy):

_____

_____

By signing this document, I represent that I am the parent or legal guardian of the above-named child and am over the age of 18. On behalf of myself and the above-named child:

• I understand that the above-named child will only be released to the names listed above.

• I hereby authorize the above-named child to attend camp and participate in all activities.

• I give consent for medical treatment for the above-named child by authorized personnel and transportation to medical facilities, and I agree to pay all medical and hospital bills relating to any such medical treatment or transportation.

• I agree to pay for any damages or injury to the above-named child and damage or destruction of any property of the above-named child, myself, or the Clemens Center that is or may be caused by or arise from the above-named child's or my participation in the camp or related activities.

• I agree that the Clemens Center may make, take or record photographs, pictures, video, or audio recordings of the above-named child or me in connection with the above-named child's participation in the camp or related activities, and I authorize the Clemens Center to use, edit, and publish any such photographs, pictures, videos, or audio recordings for any legal purpose, including in promotional materials (web, print, or media), without compensation to the above-named child or me.

• I assume any and all risk and liability for losses or damages to property and for damages, injuries or death which may arise in connection with participation in the camp or activities or programs implemented by the Clemens Center, and hereby, for the above-named child and for myself and our heirs, executors, administrators, successors and assigns, do release and discharge the Clemens Center and each of its affiliates, officers, trustees, employees, volunteers, predecessors, successors, representatives and assigns from any and all lawsuits, claims, actions, and liabilities arising from or relating to travel to or participation in the camp or any related activities, programs, or functions.

Full Name (print): _____

Signature: _____

Date: _____

Theatre Camp costs **$275.00** per student. This includes 2 complimentary tickets to one of the Theatre Camp performances.

Please contact Janice Slocum at janices@clemenscenter.org or by calling (607) 735-2777 to pay via credit card over the phone, otherwise we will send you an invoice. Your registration will not be complete until payment is received. **Payment is due by June 19, 2026.**

Email completed applications to janices@clemenscenter.org or mail them to:
Clemens Center
PO Box 1046
Elmira, NY 14902

Contact Tim Benjamin at timb@clemenscenter.org or 607-735-2778 with any questions.