MEDICAL TREATMENT PERMISSION FORM
51st Annual SFA High School Summer Theatre Workshop

Date: ________________  Student’s Name ________________________________________________
(please print)

I, __________________________________, hereby give my permission, consent and authorization for any medical treatment
deemed necessary by a hospital or physician while in attendance at the camp. I agree to assume responsibility for the costs of
transportation, including any specialized evacuation and of any medical care. I appoint the event coordinator and/or director
my lawful agent with power to authorize and consent to the administration of medical treatment during the aforementioned
event.

Home Phone (______) ______-_________  Alternate Phone(______) ______-_________

Health Carrier: ___________________________________  Policy #: ____________________

Other Emergency Contacts:

Name: _________________________________ Phone (______) ______-________

Name: _________________________________ Phone (______) ______-________

Please list all allergies, restrictions or health exceptions:

This form should be properly signed and turned in at the time of registration. In case of such accident or illness, I give
permission for medical treatment to be given to me as deemed appropriate. I will assume responsibility for any medical
treatment as deemed appropriate and for any medical bills incurred on my behalf in excess of the coverage that may be
provided by the camp/conference.

Student Signature______________________________________________

Parent/Guardian Signature_______________________________________

(Please print and complete)
Please enroll the following individual in the SFA High School Summer Theatre Workshop: **PLEASE PRINT**

Name _____________________________ Male ___ Female ___ Age ___

Address ___________________________ Grade (2017-18) _________

City ______________________________ State _______ Zip __________

Social Security #_______ - ______ - ____ E-mail ___________________________

Cell Phone (_____ ) _______ - _______ or (_____ ) _______ - _______

Parent’s Name __________________________ Phone (____) _______ - _______

Address ______________________________________________________

City____________________________ State _______ Zip _______

High School currently attending ______________________________________

Please circle T-shirt size: XXL XL L M S Youth S

I am interested in: Acting/Characterization_______ Design/Tech _______ (check one)

**Note: The workshop will not accept students who want to commute.**

I am enclosing a check or money order (made out to SFA State University) in the amount of $300.00 as a deposit. **I understand that this deposit may be returned only if cancellation is made on or before June 16, 2017.**

**Schedule of Fees**

Registration & Tuition $300.00 (deposit)  
Room and Board $690.00  
TOTAL $990.00

**NOTICE:** Your application will not be processed unless three (3) letters of reference are included with this form. One letter must be from your theatre teacher and the others from adults (other than your parent or guardian) who are familiar with your character and your commitment to theatre. Please have them include their address and phone number. Thank you. (Returning Workshop students do not need to send reference letters.)

(Please print and complete)