MEDICAL TREATMENT PERMISSION FORM
52nd 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 (2018-19) _________

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)*