**The Heyde Center for the Arts**

**2025 Summer Theater Camp**

**Monday - Thursday, June 16 – 19 and June 23 - 26**

**Performance, Friday, June 27**

The Heyde Center for the Arts is looking for approximately thirty young actors and actresses who are ready to learn more about acting and performing on stage. **This year the production will be Disney’s The Jungle Book kids.** This is a wonderful opportunity for those who have never appeared in a performance as well as those who are more familiar with the stage. Students **ages 10-17** are welcome!

Rehearsals will be held 10:00 am to 3:00 pm, Monday – Thursday both weeks, followed by an afternoon performance of the show on Friday, June 27th at 1:00 pm.

Come experience the joy of performance and all the valuable lessons that can be learned through the arts. Two tickets for the performance included in the cost of registration.

Please note that it is very important for students to attend the entire camp. This is a real theater performance, and we want this to be a positive experience for all involved.

**Cost: $50 per student**

Payment is due in full at the time of registration. A tuition refund, **minus a $20 non-refundable administrative fee**, is available if the participant is withdrawn (via phone, email or in person) by June 3. A full tuition refund will be made if a program is cancelled due to insufficient enrollment.

For more information, contact us at:

Heyde Center for the Arts

3 S High St, Chippewa Falls, WI 54729

Phone: 715-726-9000

Email: cvca@cvca.net

**PARTICIPATION INFORMATION**

Participant First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Age\_\_\_\_\_\_\_ Preferred Nickname (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you hear about the camp? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rehearsal or production photos and videos may be used for publicity purposes.** If you have any concerns, please contact the Heyde Center at 715-726-9000 or cvca@cvca.net

**PARENT/GUARDIAN 1**

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN 2**

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL TUITION \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check this box if requesting a tuition waiver**

**PAYMENT OPTIONS:** Cash\_\_ Check \_\_ Credit Card \_\_

**EMERGENCY INFORMATION**

**If above listed Parent/Guardian(s) CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please specify any medical conditions, including severe allergies

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND RELEASE OF LIABILITY

In the event of a medical emergency, including accident or sudden illness, I, the undersigned parent or legal guardian of the participant named on this form (“Child”) hereby give permission to The Heyde Center for the Arts and the directors to seek medical treatment for my Child from the closest appropriate medical practitioner or hospital available, and to arrange necessary related medical transportation. Should medical attention be required to care for my Child beyond that provided by the program staff, I agree to pay any expenses incurred. I understand that all reasonable efforts will be made to contact me or the listed emergency contacts in the case that medical attention becomes necessary. I hereby absolve The Heyde Center for the Arts, including all employees, officers and trustees, and the director from all liability and will not hold them responsible for the injury incurred to the above registered person. I hereby give my approval to the person’s participation in this activity.

I, the undersigned, have read, understood, and agree to the AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND RELEASE OF LIABILITY and POLICIES information listed on this form.

Parent/Guardian Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return completed registration and payment to:

Heyde Center for the Arts

3 South High Street

Chippewa Falls, WI 54729

cvca@cvca.net