

# 2020 PERFORMING ARTS CAMP APPLICATION

Mail to: Alabama State University, College of Visual and Performing Arts  
P.O. Box 271, Montgomery, AL 36101

Please Check the Appropriate Box

PLEASE PRINT OR TYPE

TAPS  CAMP 3T  TTI

## I. IDENTIFYING INFORMATION (For Participant)

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Gender                      Age

\_\_\_\_\_  
Address                      City                      State                      Zip

\_\_\_\_\_  
(Area code) Home Phone                      Work Phone                      Cell                      E-mail

\_\_\_\_\_  
Guardian's Name                      Address                      City                      State                      Zip

\_\_\_\_\_  
Day Phone                      Home Phone                      Night/Cell Phone

Emergency Contact (other than above) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone(s)(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Have you participated in one of **OUR** Camps? Yes \_\_\_\_ No \_\_\_\_ Which Camp? \_\_\_\_\_

How did you find out about our Camps? \_\_\_\_\_

## II. MEDICAL INFORMATION (Please check all that apply)

_____ Asthma	_____ Hemiplegia	OTHER
_____ Allergies (List)	_____ Hemophilia	_____
_____ Attention Deficit Disorder	_____ Learning Disabled	_____
_____ Autism	_____ Dyslexia	_____
_____ Diabetes	_____ Seizure Disorder	_____
_____ Head Injury	_____ Sickle Cell	_____
_____ Hearing Impaired	_____ Special Diet	_____
_____ Heart Condition		

Please indicate any problems (medical, behavioral or otherwise) of which we should be aware:

\_\_\_\_\_

Parents, please provide the most recent Behavior Report from your child's school.

\_\_\_\_\_  
Name of Participant

**MEDICATIONS:** Please list all medications, dosages, and times it should be given.

**\*MEDICATIONS MUST BE IN ORIGINAL BOTTLES: PRESCRIPTION & OVER-THE-COUNTER**

Name of medication/dosage (mg) /# of pills ea. time/ times to be taken (8a, 12n, 3p, 6p, 8p etc.)

\_\_\_\_\_

\_\_\_\_\_

Has the participant recently been hospitalized? Yes \_\_\_\_ No \_\_\_\_ If the answer is yes please explain.

\_\_\_\_\_

\*Every effort will be made to notify parents or guardians immediately by telephone of illness, injury, accident, or behavioral problems. The Camp Director reserves the right to send participants home if illness or other significant reason so dictates. For security purposes, who has permission to pick up your child if you are unavailable?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

By signing this application, I authorize ASU's Health Services/Physician to provide medications (including over the counter medicines) and services to my children while participating in the summer camps. I hereby release Alabama State University's Health Services/Physicians from liabilities pertaining to my children's participation in the Performing Arts Camps.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### III. INSURANCE INFORMATION

Insurance Coverage for accidents or illnesses while participating in programs at Alabama State University is the responsibility of the participant and/or their legal guardian. Everyone must provide proof of insurance.

Please list your family health, accident, medical, or hospital insurance coverage.

CARRIER \_\_\_\_\_ POLICY OR GROUP NO. \_\_\_\_\_

MEDICARE NO. \_\_\_\_\_ MEDICAID NO. \_\_\_\_\_

Name of Participant \_\_\_\_\_

**IV. FINANCIAL ASSISTANCE WORKSHEET** (Skip this page if you do not need assistance)

**COST:** TAPS \$325                      CAMP 3T \$375                      TTI \$215

If you meet the financial guidelines, you may apply for a partial scholarship. Funds are limited and are awarded on a case-by-case basis. Answers will be kept confidential. Please check the appropriate box(s).

\_\_\_ *I am applying for assistance.*                      **(If you do not need assistance, you may skip this page)**

NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Total Number of People in Household: \_\_\_\_\_

Total annual income of all members of your household: \$ \_\_\_\_\_  
This includes wages, retirement, child support, social security or unemployment compensation.

Do you have more than one child participating in our camps? If yes, please give us their name(s).

\_\_\_\_\_  
Child's Name                      Camp                      Child's Name                      Camp

\_\_\_\_\_  
Child's Name                      Camp                      Child's Name                      Camp

Please circle below the number of people in your household and check the appropriate box as to whether you earn above or below the amount indicated.

**FOR EXAMPLE: If there are 4 people in your household, do you earn above or below \$44,700 annually.**

Persons	1	2	3	4	5	6	7	8+
Combined Annual Income	\$31,300	\$35,750	\$40,250	\$44,700	\$48,300	\$51,850	\$55,450	\$59,000

ABOVE                       BELOW

You must provide proof of income such as a copy of your latest pay stub, SSI or recent W-2 form. Requests will not be processed without documentation. All assistance requests will be verified through state agencies.

By signing below, you certify that this information is true and correct to be best of your knowledge.

\_\_\_\_\_  
Signature (Head of Household)

\_\_\_\_\_  
Date

Name of Participant \_\_\_\_\_

**V. PERSONAL INFORMATION**

*Participants' T-SHIRT Size*

**YOUTH**

\_\_\_\_ Small (4-6)  
\_\_\_\_ Medium (10-12)  
\_\_\_\_ Large (14-16)

**ADULT**

\_\_\_\_ Small      \_\_\_\_ X-Large      \_\_\_\_ 4X  
\_\_\_\_ Medium      \_\_\_\_ 2X  
\_\_\_\_ Large      \_\_\_\_ 3X

**VI. RELEASE OF LIABILITY**

Whereas, I am voluntarily allowing my child or ward to participate in the Performing Arts Camps listed above; I am doing so entirely upon my own risk and responsibility. I understand that my child's participation in such activities may involve risks and dangers known and unknown to me.

Now, therefore, in consideration of privileges extended to me as a parent of a participant at the ALABAMA STATE UNIVERSITY Theatre Arts Camps, I, for myself and my heirs, executors and administrators, do hereby remiss and forever release and forever discharge ALABAMA STATE UNIVERSITY and ALL of its officers, agents and employees, acting officially or otherwise, from all claims, demands, actions or causes during the above described program.

It is the specific intent and purpose of the instrument to release and discharge any and all claims and causes of action of any nature whatsoever, whether know or unknown, and whether specifically mentioned or not, which may exist or might be claimed to exist at or subsequent to the date of this instrument. I specially waive any claim and right to assert that cause of action, alleged cause of action, claim or demand, has changed, through oversight or error, whether intentionally or unintentionally, omitted from this release.

By signing below, I am acknowledging that I have read and fully understand the forgoing release of liability agreement.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Witnessed in the presence of \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**-----FOR OFFICE USE ONLY-----**

Date Received \_\_\_\_\_ Photo Enclosed Yes  No   
Payment Enclosed: Yes  No  Amount: \$ \_\_\_\_\_ Copy of Insurance Card Yes  No   
Balance Due: \$ \_\_\_\_\_ Payment Method (Money Order Only) MO # \_\_\_\_\_ Receipt Number: \_\_\_\_\_  
Second Payment: \_\_\_\_\_ MO # \_\_\_\_\_ Receipt Number: \_\_\_\_\_  
Third Payment: \_\_\_\_\_ MO # \_\_\_\_\_ Receipt Number: \_\_\_\_\_  
1<sup>st</sup> Payment Processed By: \_\_\_\_\_ 2<sup>nd</sup> Payment Processed By: \_\_\_\_\_ 3<sup>rd</sup> Payment Processed By: \_\_\_\_\_