



*where kids feed their creativity*

## Cafeteria Kids Theater Summer 2020 Classes & Camps

In receipt of your enrollment, please review the following information and keep for your records. *Additional pages need to be printed and completed for the first day of your child's class/camp.*

- For camps held at Napa Valley College Performing Arts Center, every drop off and pick up will be located in the lobby of the Performing Arts Center. Ample parking is available, 2277 Napa-Vallejo Hwy in Napa.
- An adult must accompany your student in and out of the theater; as well as sign them in and out of their class each day! This is extremely important as we share the theater with many performance groups, college students, and staff. **ADULTS DROPPING OFF STUDENTS MUST STAY WITH THEIR STUDENT UNTIL THEY HAVE BEEN INVITED INTO THE THEATER/ACTOR'S LAB BY THE TEACHERS.** Students in High School may sign themselves in and out of camp.
- If your child is not picked up within 15 minutes of the end of their class we will be charging \$10 for every 10 minutes until your child is picked up. If you know you will be late to class or late for pick-up please call 415-595-0403.
- Students should come dressed in clothes and shoes they can move in comfortably. Shoes should be closed toe. Please do not wear flip-flops!
- For full day classes/camps students send with a lunch, two snacks, and a water bottle. For half-day classes/camps send students with a snack and water bottle.
- Please fill out and return this Registration packet on your child's first day of camp.

**Cancellation and Refund Policy:** Our camps often have waitlists, if you choose to cancel your enrollment please do so 7 days before the start of camp. If you cancel within the 7 day period you will be charged a \$25 admin fee and refunded the remaining tuition. If you cancel on/after the first day of camp there is no refund. If your child does not attend the first day of camp, and you have not notified CKT staff of illness or emergency, we will open the spot up to a child on the waitlist.

Questions may be directed to Aimée Guillot and/or Olivia Cowell. It is best to email or call to set up a meeting time as opposed to immediately before or after the class/camp: [Aimee@cafeteriakidstheater.org](mailto:Aimee@cafeteriakidstheater.org) and [Olivia@cafeteriakidstheater.org](mailto:Olivia@cafeteriakidstheater.org), 415-595-0403

We look forward to working with your student!

Aimée + Olivia

*Please note: This page is for your records.*



# REGISTRATION PACKET

## Summer 2020

### Cafeteria Kids Theater Classes and Camps

Check off which Class is your student enrolled in:

- ☐ Willy Wonka Jr. Theater Arts Academy Class with NVC (Ages: 7-14, | 6/15-19 and 6/22-6/26)
- ☐ Comedy Camp (Ages: 7-13 Dates: 7/6-7/10)
- ☐ Best of Broadway- Movie Musicals! (Ages 8-17 Dates: 7/13-7/17)  
*Registration with Nimbus Arts*
- ☐ Drama Quest: Treasure Chest! (Ages 5-9 Dates: 7/20-7/24)

### Student Information

Student Name: \_\_\_\_\_

Student Age: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

School Attending: \_\_\_\_\_

Student's Cell Phone (if applicable) \_\_\_\_\_

Student's Email Address (if applicable): \_\_\_\_\_

### Parent Information

Parent Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent Cell Phone #1: \_\_\_\_\_

Parent Cell Phone #2: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact if we are unable to reach Parent/Guardian:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_



## MEDIA WAIVER AND RELEASE

### Cafeteria Kids Theater Summer 2020

I consent to my child(ren) being photographed, interviewed, and/or videotaped by representatives of Lunchtime Productions Inc. DBA cafeteria kids theater, and/or media outlets (newspaper, TV stations, etc.). Lunchtime Productions Inc. uses photos of children in publications to share information about cafeteria kids theater. Any images obtained may be reproduced by Lunchtime Productions Inc. and/or the public media for use in publicity or educational activities. Lunchtime Productions Inc. publications include but are not limited to: the company's website, newsletters, directory book, and other public relations materials. I hereby waive any claims I may have, and release Lunchtime Productions Inc. from liability of claims arising out of such activities.

\_\_\_\_ Yes, my child may be photographed, interviewed, or videotaped for media use.

\_\_\_\_ No, my child may not be photographed, interviewed, or videotaped for media use.

Student Name/s: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### Signature of Understanding

During all classes/camps, workshops, rehearsals and performances students are expected to have "serious fun" which is defined by staying focused on the activities at hand, and participating in a safe and cooperative manner. If students are unable to meet these commitments then they may be asked to leave the workshop and in the most serious circumstances, discontinue participation in the workshop.

Student's Name \_\_\_\_\_

Student's Signature \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

### Cafeteria Kids Theater Summer 2020

Child/ren Name/s: \_\_\_\_\_

In consideration of my minor child's or guardian's participation in (List classes or camp): \_\_\_\_\_

\_\_\_\_\_  
(the "Activity") through Lunchtime Productions Inc., dba Cafeteria Kids Theater ("CKT"), I agree as follows:

1. I understand and acknowledge that participating in the Activity poses risks to my child, including the risk of injury. Among other things, I understand and agree that my child will be acting on a raised stage, outside, and backstage during the Activity. I acknowledge the risk in these activities. Other risks are inherent in the Activity, even some that I may not fully appreciate. On behalf of my child, I accept all of the risks of any injuries, damages, or harm which arise during or result from my child's participation in the Activity, including any associated travel, regardless of whether or not caused in whole or in part by the negligence of CKT.

2. I, as the parent or guardian of my child, for my child, myself and my heirs, executors, administrators and family members, release and forever discharge CKT, and its officers, board of directors, employees, agents and volunteers (the "Released Parties") from any and all claims, demands, actions or causes of action which in any way arise from my child's participation in the Activity. I understand and agree that I am waiving and releasing all claims caused by the negligence of the Released Parties for any injuries, damages, losses or claims, whether known or unknown, which arise during or result from my child's participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.

3. I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits brought against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my child's participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.

4. I certify that my child is in good health. In case of illness or accident, I give permission to the personnel of CKT to transport my child to the nearest hospital. I grant permission for emergency medical treatment to be administered and if I or my designated representative cannot be immediately contacted, I give permission to a physician or

other qualified health care professional to administer such treatment as may be necessary under the circumstance, including hospitalization of participant. I agree to assume any and all financial responsibility for the participant. My child has the following allergies, medicine reactions or unusual physical conditions that should be made known to the treating physician (if none, please write the word "none"):

---

---

5. I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement. I understand it fully and I execute it voluntarily.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please keep page 1 for your reference, and return pages 2-5.*