

MEDICAL RELEASE AND CONSENT FORM
43rd Annual SFA High School
Summer Theatre Workshop

DATE _____

This is to certify that I grant permission for my dependent child,

_____, to receive medical treatment by University Physicians, while in attendance at the High School Summer Theatre Workshop, July 19 – August 1, 2009, at Stephen F. Austin State University. I further authorize treatment at Medical Center Hospital and Memorial Hospital, Nacogdoches, Texas, by physicians in attendance at those facilities, should such treatment be required.

Please list any ailments or medical conditions we should know about your child.

Please list any medication your child is currently taking or will be taking during the workshop.

I understand that I will be responsible for any and all medical charges or fees in excess of the coverage that may be provided by the Camp/Conference.

I understand that authorized University and Camp personnel have the right to enter any residence hall room at any time for the purpose of inspection, maintenance, or for the purpose of enforcing University and Camp rules and regulations.

Signed _____
Parent or Guardian

Address _____

Phone: _____ (home) _____ (work)

E-mail: _____

Return to:
SFA High School
Summer Theatre Workshop
SFA Box 6090
Nacogdoches, TX 75962

Official Enrollment Form
43rd Annual SFA High School
Summer Theatre
Workshop
July 19 – August 1, 2009

(Please print and complete both sides)

Please enroll the following individual in the SFA High School Summer Theatre Workshop:

Name _____ Male ____ Female ____ Age ____

Address _____ Grade (2009-10) _____

City _____ State _____ Zip _____

Social Security # ____-____-____ E-mail _____

Cell Phone (____) _____ - _____

Parent's Name _____ Phone (____) _____ - _____

Address _____

City _____ State _____ Zip _____

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 \$275.00 as a deposit. **I understand that this deposit may be returned if cancellation is made on or before June 19, 2009.**

Schedule of Fees

Registration Fee	\$ 275.00
Room and Board	<u>475.00</u>
Total	\$ 750.00

NOTICE: Your application will not be processed unless three 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.

Remember to complete the other side!