

1014 Delaware Avenue
Wilmington, DE 19806
(302) 655-1014
www.dechildrenstheatre.org
info@dechildrenstheatre.org



2021 Theatre Arts Workshop Application

June 28 to July 2

Ages 5-8 years Weekdays 9:00 AM to 12:00 PM

Ages 9 to 13 years Weekdays 1:00 PM to 4:30 PM

Fee \$250

Please complete application and return to DCT at address above by June 1

Child's name _____ Nickname _____

School and last grade completed _____

Parent(s)/Guardian(s) Names _____

Complete mailing address _____

Phone: Home _____ Work _____ Cell _____

E-Mail address _____

Please list and describe any known Allergies, Asthma, Disabilities, and Medical Conditions: _____

Please describe your child's interests and theater experience (if any): _____

Please register my child for the morning or afternoon session _____

I would prefer to pay by (please circle):

Check - Enclosed is a check for the full amount (\$250)

Credit Card - Visit our website (dechildrenstheatre.org/summer-workshops) or call us (302-655-1014)

Parent/Guardian signature _____

We look forward to working with you: creating, sharing, and communicating!

Delaware Children's Theatre

Theatre Arts Workshop Waiver

Dear Parent(s) or Guardian(s),

DCT has existed to enhance and benefit the lives of our youth for over 40 years and we take pride in our excellent reputation in the community. We diligently take all necessary precautions and care deeply about the health and safety of your child(ren). We are glad to answer questions and discuss any concerns you may have. If there is anything we should know about your child(ren)'s health problems or allergic reactions, please submit them in writing, if you have not already done so on your application form.

We ask that you read, sign, and return this waiver to DCT before the first day of the Workshop.

As a Parent or Guardian of _____, I grant his/her participation in the 2021 DCT Theatre Arts Workshop. Considering all unforeseen risks, I agree to waive all rights to hold any DCT employees, management, teachers, and volunteers liable for any accident or injury sustained by my child(ren) or damage to any of their personal property, while participating in activities associated with the 2021 Theatre Arts Workshop.

Furthermore, I give consent for any necessary standard emergency medical treatment given to my child(ren) by responsible, adult DCT representatives or health care professionals called in the case of illness or accident. This consent extends only up to the time at which I have been contacted and am able to take control of my child's treatment.

I also understand that my child may be photographed and/or filmed during Workshop activities. I give permission for these images to be used in print materials, online, and in other marketing media for the sole purpose of DCT promotion. DCT will never associate your child(ren)'s names with the photos.

Parent's/Guardian's signature _____ Date _____