



**Los Angeles Theatre Academy - LATA
Theatre and Performing Arts Summer Camp Program**

*Please Print Clearly.
One form per ensemble member*

First Name: _____ Last Name: _____

Address: _____ City: _____

Zip: _____ Age: _____ Birthday: ____ / ____ / ____ Grade: _____

School: _____

Parent/Guardian's Email: _____

June 13 - August 12th 2022

Elysian Park Recreation Center - 929 Academy Road, L.A. 90012

8:30 am - 3:30 pm - Monday thru Friday - Ages 6 -13

Tuition - \$360 per week, Per child, Due beginning of each week.

Fill in the weeks the ensemble member is attending. Please only pay for one week at a time.

Space is Limited

(LATA is closed Monday July 4th - Monday July 18th and Tuesday July 19th)

One time \$50 Registration Fee (per child) _____ \$

Week 1 June 13th - June 17th _____ \$

Week 2 June 20th - June 24th _____ \$

Week 3 June 27th - July 1st _____ \$

Week 4 July 4th - July 8th _____ \$

Week 5 July 11th - July 15th _____ \$

Week 6 July 18th - July 22nd _____ \$

Week 7 July 25th - July 29th _____ \$

Week 8 August 1st - August 5th _____ \$

Week 9 August 8th - August 12th _____ \$

Los Angeles Theatre Academy is a 501c3 Non - Profit Organization



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PARENT/GUARDIAN INFORMATION

Name: _____ Driver's License: _____

Work Phone: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Work Phone: _____ Cell Phone: _____

- Are there any activities he/or she should not participate in? _____
- Does your child have any allergies, special physical, behavioral and/or needs our staff should be aware of? Please Explain: _____

HEALTH INFORMATION

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Carrier of family medical/hospital insurance and policy# : _____

EMERGENCY CONTACT/ENSEMBLE RELEASE AUTHORIZATION

The Los Angeles Theatre Academy (LATA) has my unrestricted permission to release the named minor at any time to the following individuals and to contact them in case of an emergency if the parents/guardians are unavailable.

Name: _____ Phone: _____ Relationship: _____

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Name: _____ Phone: _____ Relationship: _____



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*** **REFUND POLICY:** There are NO refunds.

*** **PICK UP:** Pick up is 3:30pm. There is a \$25 late fee ADDED to Tuition payment.

*** **TUITION PAYMENT:** Tuition is DUE at the beginning of each week. It will be considered ***late if paid AFTER Monday of the beginning of each week.*** A \$25 late payment fee is added to Tuition payment.

*** **ENSEMBLE MEMBERS:** Must wear closed toe shoes, Bring a water bottle, Sunscreen and a Morning snack.

*** **LATA LUNCH:** LATA provides lunch and an afternoon snack to all ensemble members. Parents are welcome to pack a lunch and/or extra snack for their ensemble member if they choose.

PARTICIPATION AGREEMENT

- Ensemble member agrees to abide by the rules and regulations set by Los Angeles Theatre Academy's (LATA) program, for the health, safety and welfare of the all ensemble members.
- Willful destruction of property will be the responsibility of the Ensemble members Parent and/or Legal Guardian. And may be expelled from the program.
- LATA is not responsible for lost, damaged or stolen personal belongings.
- Ensemble members must remain within the established boundaries wherever the program occurs.

MEDICAL CONSENT

- As the Parent/Legal guardian or authorized representative, I hereby give consent to Los Angeles Theatre Academy Summer Camp Program to provide all emergency dental or medical care prescribed by a duly licensed physician (MD or DR) or Dentist (DDS).
- This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child (Ensemble member).

PARENT/GUARDIAN CONSENT

*** I give permission for my child to participate in Los Angeles Theatre Academy's activities.

*** I agree to hold harmless Los Angeles Theatre Academy and its officials, agents or employees, for injury to my child as a result of participation in the Los Angeles Theatre Academy's Theatre and Performing Arts Summer Camp Program.

*** I understand that if anytime the Ensemble member does not cooperate with the program staff the Ensemble member may lose privileges to program activities and may be expelled from the Program.

*** I give my permission for Los Angeles Theatre Academy (LATA) or its assigned agents has my permission to use images (digital, film, tape or video) of my child for promotion of LATA Theatre and Performing Arts Program.



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**** The Program Director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary. We reserve the right to dismiss any ensemble member from the program at the Parent and/ or Legal Guardian's expense and liability for violating any of the above****

By signing below I agree that:

- I have read and understand the parent/guardian consent
- The named ensemble member has my permission to participate in LATA programs and Field Trips (Hikes on the trails in our surrounding Elysian Park).
- I give permission for any pictures taken of my child (ensemble member) participating in LATA events to be used for publicity purposes only.
- I have, understand and agree to all of LATA's Program information outlined in this registration form.

Print Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ **Date:** _____

*Please Email Registration Form to:
losangelestheatreacademy@gmail.com
You'll receive a confirmation email of enrollment with tuition payment instructions.*

*Tuition Payment Options - Venmo, Credit Card Automatic Withdrawal
or Check Payable to - Los Angeles Theatre Academy*

*If you have any questions and/or need more information
please call - (323) 717-4188*

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