



COASTER THEATRE KIDZ 2025 SPRING BREAK CAMP APPLICATION

CAMP THEME: *Artistic Animals*
DATES: March 24-28, 2025
Ages: 8-12 years or 3rd-6th grade

CAMPER NAME _____ AGE _____ GRADE _____

PARENT(S)/GUARDIAN _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

PARENT/GUARDIAN SIGNATURE _____

PARENT/GUARDIAN EMAIL _____

EMERGENCY CONTACT _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____

The 2025 spring break camp's tuition is covered by a generous donor. There are a limited number of spots available for the 2025 spring break camp. Applications will be review based on a first-in basis. It is highly recommended that you submit your application early as we expect camp to fill-up quickly.

\$75 Application fee included

\$75 Application fee paid online

The application fee is due with the registration form in order to hold your campers spot.

A camper will not be considered registered until both the application form **and** fee have been received.

For more information on the camp or to pay the fee online visit coastertheatre.com/calendar/workshops or contact the Coaster Theatre at 503-436-0609 or email executivedirector@coastertheatre.com

TO REGISTER FOR A CAMP OR CLASS, please fill out the application and mail the application along with the activity fee to PO Box 643, Cannon Beach, OR 97110, or drop it off at the box office at 108 N. Hemlock Street, Cannon Beach, OR, Fri.-Sat., 12:30-4:00 p.m. You can also send the application via email to executivedirector@coastertheatre.com and pay the fee online at coastertheatre.com under the "Buy Tickets" link. Camps and classes will meet at the Coaster Theatre. The application fee is due at time of registration to hold a spot for your camper. A camper will not be considered registered until both the registration form and fee have been received.

MEDICAL CONSENT AND RELEASE FROM LIABILITY AND INDEMNIFICATIONS: I (as signed on this form), as parent/guardian of the named registered child, do hereby authorize employees of the Coaster Theatre Productions to consent to emergency medical or dental examination, treatments, etc., to be administered to the same in the event of accident or sudden illness during a camp or class. In addition, I agree that I am responsible for the said participant's transportation to and from camp or class. I hereby release and discharge Coaster Theatre Productions, its officers, agents and employees from any and all claims for personal injuries. I also agree that pictures taken during camps or classes may be used for future promotional purposes. The Coaster Theatre does not provide any medical insurance.



COASTER THEATRE KIDZ 2025 SPRING BREAK CAMP PHOTO & VIDEO RELEASE

CAMPER INFO

NAME _____

PARENT/GUARDIAN INFO

NAME _____

ADDRESS _____

RELATIONSHIP _____

PHONE _____ EMAIL _____

ALT. PHONE _____

- DO NOT add me to the theatre's email list
 DO NOT add me to the theatre's mailing list
-

EMERGENCY CONTACT INFO

NAME _____

RELATIONSHIP _____

PHONE _____ ALT. PHONE _____

PHOTO/VIDEO RELEASE

I **do** hereby authorize Coaster Theatre Productions and those acting pursuant to its authority to:

- a. Record my camper's participation and appearance on video tape, audio tape, film, photograph or any other medium.
- b. Use my camper's name, likeness, voice and biographical material in connection with these recordings. Possible uses (but not limited to) social media platforms, media, advertising and promotions.

I **do not** authorize Coaster Theatre Productions and those acting pursuant to its authority to use my camper's name, likeness, voice or biographical information in any format.

PARENT/GUARDIAN SIGNATURE _____