

# WACO CHILDREN'S THEATRE

Mailing Address: 2000 Lenamon Drive Waco, TX 76710

## APPLICATION SUMMER 2026

### 33rd Annual Summer Performing Arts Camp

Camp Located at 2801 W Waco Drive – Scottish Rite Lee Lockwood Library & Museum

Camp for ages 6 to 18 plus years

**Summer Camp Dates: June 1st - June 28th 2026**

Student's Name \_\_\_\_\_ M/F \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade Fall 2025 \_\_\_\_\_ School \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Student's cell phone \_\_\_\_\_ Student's Email \_\_\_\_\_

Mom's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mom Cell \_\_\_\_\_ Mom's Employer \_\_\_\_\_

Mom's Work Phone \_\_\_\_\_ Mom's Email \_\_\_\_\_

Mom's Address (if different than above) \_\_\_\_\_

Dad's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Dad Cell \_\_\_\_\_ Dad's Employer \_\_\_\_\_

Dad's Work Phone \_\_\_\_\_ Dad's Email \_\_\_\_\_

Dad Address (if different than above) \_\_\_\_\_

Emergency Contacts (Other than Mom, Dad, or Legal Guardian)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*T-Shirt size (please circle)

YOUTH S M L

ADULT S M L XL XXL

# Medical Release

In case of an accident or sudden illness to my child at a theatre-related activity, and in transportation to or from said activity, and in the event that I cannot be reached by telephone, I hereby authorize a representative of Waco Children's Theatre to refer the child to my physician or to the best available medical facility at the time and to consent to medical treatment. I agree to indemnify and hold such representative of Waco Children's Theatre harmless from any claim connected with such referral or transportation for medical treatment, or to my home, by theatre personnel, or its authorized representative.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**RELATIONSHIP TO STUDENT** \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**\*\*Please list any medical problems, allergies or learning differences\*\*:**

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## Student Agreement

I will respect the authority of the director, teachers and staff members and will accept this

### DISCIPLINE PLAN

1st consequence: Counsel with director of camp

2nd consequence: Counsel/call parent

3rd consequence: Dismissal from camp with no tuition refund.

I understand **no visitors will be allowed** unless previously arranged with Linda Haskett.

I understand the use of **drugs, alcohol and inappropriate language** will result in my **immediate dismissal**.

I understand that **all rehearsals are closed** to everyone except to the company, unless permission is granted by Linda Haskett.

I understand I must be present for blocking, choreography and music rehearsals in order to appear in that scene when the show is performed.

**Student's Signature:** \_\_\_\_\_

## Parent Agreement

I give permission for my child to participate in any and all activities. I will not hold Waco Children's Theatre, any individual staff member, or any directors responsible for any accidents incurred during the 2026 session. Furthermore, I understand that I will be financially responsible for damages to property resulting from actions by my child. Any disciplinary problems will be handled on an individual basis. Serious problems may result in dismissal with no tuition refund.

**Parent's Signature:** \_\_\_\_\_

## MEDIA PERMISSION

Parent(s)/Guardian(s): Please complete, sign, date, and return as soon as possible.  
Thank you.

I give permission for my child, \_\_\_\_\_,

**OR**

I **Do Not** give permission for my child, \_\_\_\_\_,

to be photographed/filmed/videotaped/audio-taped as a participant of Waco Children's Theatre. These images may be used as publicity, information, and/or instruction in various media formats and for a variety of theatre purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Relationship to Child \_\_\_\_\_

# Payment Agreement Form

Student's Name: \_\_\_\_\_ Date \_\_\_\_\_

## Camp Tuition \$350 (Includes Registration Fee)

A \$50 Non-Refundable Registration Fee is due at time of application.

- The remaining balance of \$350 can be paid by check, credit card, or money order by May 8th.
- Should your child leave the camp before it is complete, we will refund no more than half for your tuition.
- Should you need scholarship help, please call Linda Haskett at (254) 776-0707.
- If your student is 15 years or older and has previously attended the camp, you should talk to Linda if you are interested in working. Working in our camp will cover some of your tuition.
- Checks should be made payable to CAST or Waco Children's Theatre.

I, \_\_\_\_\_, agree to pay the balance owed on or before May 8, 2026 unless arrangements have been made with Linda Haskett.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

**Please note performance tickets are not included with tuition. They are sold separately at each performance.**

\*\* You may be asked to purchase/provide money for some costume pieces.

We will send out more information as the camp approaches. \*\*