

Stillwater Area Community Services Center

P.O. Box 536, 19 Palmer Street, Stillwater, NY 12170

www.sacc.online

2025 SUMMER THEATER CAMP REGISTRATION FORM

August 11-15, 2025 9am-1pm

Student's Last Name: _____ First Name: _____ Grade Entering Fall 2025: _____

Street and Mailing Address: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Emergency Contact (if parent cannot be reached):

Name(s): _____ Phone: _____ Relationship: _____

Name(s): _____ Phone: _____ Relationship: _____

Any Theater Experience?: _____

Student is Most Looking Forward to Learning: _____

Health Limitations of Student: _____

Known Allergies: _____

Student T-Shirt Size: _____ (Please Indicate Youth or Adult)

How did you find out about the theater camp registration this year? _____



Please Note: As consideration for participation in activities sponsored by the Stillwater Area Community Services Center and/or using equipment of said association, each participant agrees to assume all liability for injury and/or damage resulting from such participation. Participants further agree to hold the Stillwater Area Community Services Center and the Town of Stillwater free and harmless of any act of omission or commission or negligence on the part of said association or their officers, agents, or volunteers. Signature indicates consent for SACSC to use your child's picture in public forums and on the internet.

I hereby give permission for my child, named above, to receive emergency treatment in case I cannot be located.

PARENT OR GUARDIAN SIGNATURE

DATE

FOR OFFICE USE ONLY

Fee Paid \$ _____ Cash/Check # _____ Date Paid _____ Received by _____