

**BEAR STAGE THEATRE COMPANY**

**Bear Cub Summer Camp Registration**

TEL: 512.772.7200 FAX: 512.772.7915 EMAIL: [atapia@bisdtx.org](mailto:atapia@bisdtx.org)  
ADDRESS: JFW Performing Arts Center, 1614 Chambers Street, Bastrop, Texas 78602

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS  
RETURN TO BASTROP HIGH SCHOOL: ATTN- MANDI TAPIA  
OR EMAIL TO: [atapia@bisdtx.org](mailto:atapia@bisdtx.org)

Payment required for registration to be complete.

**Camper Information:**

- MALE
- FEMALE

Check this box if address and home phone are the same as:

Name (First & Last): \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age at time of camp: \_\_\_\_\_

Grade entering this fall: \_\_\_\_\_ Group Buddy Request: (Limited to one child. Request must be in the same grade and must be mutual) \_\_\_\_\_

**List any Allergies and Dietary Restrictions:**

\_\_\_\_\_  
T-shirt size: \_\_ Youth Small \_\_ Youth Medium \_\_ Youth Large \_\_ Adult Small \_\_ Adult Medium \_\_ Adult Large

**Parent #1/Guardian #1 Information:**

(all correspondence and invoices will be sent to this person)

Name (First & Last) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ \*Please be sure that your email address is valid. You will receive all correspondence to this email. Add "atapia@bisdtx.org" to your address book to ensure delivery. Your email is confidential information.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Custodial parent?: \_\_ yes \_\_ no

**Parent #2/Guardian #2 Information:**

Name (First & Last) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ \*Please be sure that your email address is valid. You will receive all correspondence to this email. Add "atapia@bisdtx.org" to your address book to ensure delivery. Your email is confidential information.

Street

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Custodial parent?: \_\_ yes \_\_ n

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**Emergency Contacts and Authorized Pick Up Persons:** (In addition to parents/guardians)

Use this area to list the individual(s) we may contact in an emergency and/or you authorize to pick up your camper from camp or bus at the end of a session in the event that you are unable to do so.

Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

**How did you hear about Bear Stage Camp:** Please check one and use the space below to write the name/place is applicable. Friend Alumni Internet Magazine School Brochure Other

**Parental Consent To Treatment/Acknowledgement of Receipt of Information:**

\_\_\_\_I, the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the camp, appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of an accident, injury, or illness. I will be responsible for any and all medical costs of medical attention and treatment. I, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Bastrop Independent School District, the camp and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury or loss person or property which may be sustained during participating in camp activities or while at camp, whether or not damages, injury or loss is due to negligence.

\_\_\_\_I understand these risks and release Bear Cub Camp/Bastrop High School, and the directors, trustees, officers, volunteers and employees of Bear Cub Camp/Bastrop High School, from all liability for damages or injuries resulting from theatrical activity, negligence or defects in preparation, instruction, or equipment.

Bear Cub Camp/Bastrop High School is not responsible for lost, stolen, or damaged personal articles.

\_\_\_\_I authorize Bear Cub Camp/Bastrop High School to have and use photographs, slides, videotapes, and comments of the person(s) named on this application as needed in promotional materials and public relations programming.

\_\_\_\_I individually and corporately agree to hold harmless Bear Cub Camp/Bastrop High School, its volunteers, agents, employees, and officers irrespective of any negligent act or omission by Bear Cub Camp/Bastrop High School and/or those individuals arising from or related in any way to this Bear Cub Camp/Bastrop High School Theatre Program and BISD.

(Initial by each above)

Parent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Payment Information:** (\$10 discount for siblings)

**Registration:**

Early Bird Registration (**by May 3<sup>rd</sup>**)

\$165.00 per camper x \_\_\_\_\_ = \$ \_\_\_\_\_

**After May 3<sup>rd</sup>:**

\$175.00 per camper x \_\_\_\_\_ = \$ \_\_\_\_\_

**Type of Payment:**  **Check Enclosed** (Made payable to Bear Stage Theatre Company)  **Cash**

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**Signature of Parent/ Legal Guardian**

**Date**

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