

## Contact Information

### Participant's Information (Required)

Name:

Age:

Birthdate:

Grade:

School:

Physical Address:

### Parent/Guardian Information (Required)

Name:

Primary Phone Number (Required):

Other Phone Number (Optional):

Email Address:

Physical Address (if different from Participant):

### Additional Parent/Guardian (Optional)

Name:

Primary Phone Number (Required):

Other Phone Number (Optional):

Email Address:

### Emergency Contact (Required)

Emergency Contact's Name:

Relationship to Student:

Daytime Phone Number:

## Additional Information

Church or Religious preference (optional):

Does the Student have any allergies?

Yes

No

If yes, please describe the allergies and any special considerations:

Does the Student have an EpiPen?

Yes

No

If yes, will they have it available during camp hours?

Yes

No

Any other special instructions?

## Summer Program Information

### Participant's Areas of Interest

*Acting*

Yes       No

If yes, select the type of acting role they prefer:  Leading Role    Ensemble Role    Either

*Singing*

Yes       No

If yes, select the type of singing role:

Solo    Ensemble    Either

*Dancing*

Yes       No

*Instrumental*

Yes       No

If yes, please list all instrument(s):

*Set Design*

Yes       No

*Props*

Yes       No

*Costumes*

Yes       No

*Stage Makeup*

Yes       No

*Lighting*

Yes       No

*Sound Board*

Yes       No

## Participant's Experience and Performance History

(Note: No experience required)

Formal Dance       Yes    No    Style: \_\_\_\_\_      # of Years: \_\_\_\_\_

Drama               Yes    No    Formal Training       Yes    No    # of Years: \_\_\_\_\_

Singing/Choral     Yes    No    Formal Training       Yes    No    # of Years: \_\_\_\_\_

Musical Instruments    Yes    No    Formal Training       Yes    No    # of Years: \_\_\_\_\_

List any other skills that may apply to this program:

## Registration Information

Select ALL of the sessions you are considering:

- Session 1: June 1 – 12
- Session 2: June 5 – 26
- Session 3: June 29 – July 10
- Session 4: July 13 – 24

Refer to the Fee Schedule at: [www.insideoutnm.com](http://www.insideoutnm.com)

Contact us at [keysandchords@hotmail.com](mailto:keysandchords@hotmail.com) to inquire about scholarships.

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*All Fees are due no later than the Wednesday before each selected session.*

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## Photography & Video Consent (required):

I agree to allow images of my child to be used for publicity purposes for IOPA (child will not be identified by name):

- Yes
- No

Parent Signature:

## Fees

I am including the pre-registration fee with this application  Yes  No

Amount: \$50.00

Payment Method:

Date:

## Confirmation

The InsideOut Performance Academy, its faculty, staff, and volunteers, as well as the board of directors, volunteer parents and student teachers of the Inside Out Performance Academy are not liable or financial responsible for any injury or loss experienced during the activities related to IOPA's programming.

I hereby assume responsibility for all risk incidental to the IOPA project.

Parent Signature:

Date: