

VIRGIN VALLEY THEATRE GROUP

SUMMER THEATRE PROGRAM 2021 ENROLLMENT AGREEMENT

Child's Name _____

Parent Acknowledges the following: (Please initial next to each item.)

I understand that I must sign my child in and out of the program daily. Any other authorized persons sent to pick up my child must be listed on my child's application and must be able to show picture I.D.

I understand that if my child remains in the care of VVTG teaching staff past 1:00p.m., I will be charged, and agree to pay \$1.00 for every minute per child. Any more than 3 late pick-ups may be cause for program termination.

I give permission for my child to have his/her photo used by the VVTG for promotional use or have his/her photo used in the newspaper, VVTG website or internet pages associated with VVTG.

I give permission for my child's name to be released for VVTG promotional use to the newspapers.

In the event that I cannot be reached in an EMERGENCY, I hereby authorize the person in charge to call or send my child to the nearest medical facility in an ambulance.

I understand that my child may have to wear a mask and complete a health screening daily.

Parent/Guardian signature _____ **Date** _____

Participant Acknowledges the following:

I will participate fully in the activities.

I know that I may be required to wear a mask.

I will respect myself and fellow participants.

If I feel threatened or uncomfortable, I will tell a teacher immediately.

I am aware of the following dress code and agree to follow it while attending the VVTG Summer Theatre Program.

(Shorts must be knee length; Shirts - if arms are raised belly cannot be seen; no spaghetti straps tank tops, closed toe shoes must be worn at all times.)

Participant's signature _____ **Date** _____