

summer FUNcamps

AT MAIN EVENT ENTERTAINMENT

APPLICATION WILL BE DATED UPON ARRIVAL AND PROCESSED IN ORDER. LIMITED NUMBER OF SUMMER CAMP PARTICIPANTS. VARIES BY LOCATION.

THE CAMP OFFERS (4) ONE WEEK SESSION AND IS PRICED ACCORDINGLY. THE COST IS \$89.95 FOR A ONE WEEK SESSION. DAILY CAMP PRICE IS \$19.95 PER DAY.

PAYMENT IS DUE IN FULL AT THE TIME OF REGISTRATION.



DATE RECEIVED _____ BY _____

Please enroll my child in the following (All sessions are 9:30AM - 1:00PM):

SESSION 1 (JUNE 10 - 14) - \$89.95 PER SESSION

DAILY SESSIONS - \$19.95 PER DAY:

Monday Tuesday Wednesday Thursday Friday

SESSION 2 (JULY 8 - 12) - \$89.95 PER SESSION

DAILY SESSIONS - \$19.95 PER DAY:

Monday Tuesday Wednesday Thursday Friday

SESSION 3 (JULY 20 - AUGUST 2) - \$89.95 PER SESSION

DAILY SESSIONS - \$19.95 PER DAY:

Monday Tuesday Wednesday Thursday Friday

SESSION 4 (AUGUST 12 - 16) - \$89.95 PER SESSION

DAILY SESSIONS - \$19.95 PER DAY:

Monday Tuesday Wednesday Thursday Friday

NOTE: BALANCE IS DUE THE FIRST DAY OF THE SESSION ATTENDING. IF A CAMPER IS ATTENDING MORE THAN ONE SESSION, REGISTRATION FEES WILL BE DIVIDED BY THE NUMBER OF WEEKS ATTENDING.

Camper T-Shirt Size: Youth Sizes 6-8 _____ 10-12 _____ 14-16 _____

Adult Sizes small _____ medium _____ large _____ x-large _____

I give my permission for _____ to attend the Main Event Entertainment Summer FUNcamp. I consent (in case of emergency) to any necessary exams, anesthetic, medical diagnosis, surgery, and/or hospital care to be rendered to the above named minor under the advice of any physician or surgeon licensed to practice in the state of Texas. My consent is valid for the period beginning June 10, 2013 and ending August 16, 2013. Further, I prefer to have this child transported to _____ (name of medical facility) for diagnosis and/or treatment.

Signature of parent or guardian _____ Date _____



REGISTRATION FORM

CAMPER'S NAME _____ MALE _____ FEMALE _____ AGE _____

HOME ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIPCODE _____

CAMPERS BIRTHDATE _____ PRESENT GRADE IN SCHOOL SPRING '12 _____

GUARDIAN'S NAME 1 _____ EMPLOYED BY _____ WK PHONE _____

GUARDIAN'S NAME 2 _____ EMPLOYED BY _____ WK PHONE _____

EMAIL ADDRESS: _____

PLEASE LIST WHO TO CONTACT IN CASE OF AN EMERGENCY (LIST IN ORDER OF PREFERENCE)

1. NAME _____ PHONE NUMBER _____

2. NAME _____ PHONE NUMBER _____

3. NAME _____ PHONE NUMBER _____

PLEASE DISCUSS ALLERGIES, MEDICAL PROBLEMS, AND/OR PHYSICAL LIMITATIONS OF THIS CAMPER:

IS CAMPER UNDER PHYSICIAN'S CARE AND/OR TAKING MEDICATION FOR CONDITIONS RELATED TO HIS/HER BEHAVIOR? _____

PLEASE SHARE ANY ADDITIONAL INFORMATION THAT YOU FEEL THE CAMP STAFF SHOULD KNOW ABOUT THIS CAMPER RELATING TO HIS/HER BEHAVIOR OR STATE OF MIND: (EXAMPLES: fears, ability to share, reaction to hunger and/or fatigue, overall nature, etc.)

CAMPER'S PHYSICIAN _____ PHONE NUMBER _____

CAMPER'S DENTIST _____ PHONE NUMBER _____

I ACKNOWLEDGE THAT I AM THE LEGAL GUARDIAN OF THE ABOVE MENTIONED CAMP PARTICIPANT(S).





TALENT RELEASE

I hereby consent to the recording, use and reuse by Main Event Entertainment, and of its parent, subsidiary, and related companies, and any of its licensees and/or agents (collectively called herein the "Producer") in any and all media in perpetuity, of my voice, actions, likeness and appearance (i.e., collectively "likeness") and name in connection with the production of a program and/or series of television programs (the "Program"). I agree that the Producer may use (or refrain from using) in any and all media, any part of my likeness, and may alter or modify it, regardless of whether or not I am recognizable. I further agree that the Producer may use my likeness and/or name in connection with any promotion, publicity or advertisement. I release that Producer from liability arising out of its use of my likeness and/or name. I agree not to make any claim against the Producer as a result of the recording or use of my likeness (including without limitation any claim that such use invades any right of privacy and/or publicity). I further agree that the Producer may use in the program and/or in any promotion, publicity or advertisement any information that I supply to the Producer, and that such information is, to the best of my knowledge, truthful and accurate.

I understand that the Producer is recording my likeness in reliance on this consent. I acknowledge that the Producer has no obligation to use my likeness and/or name.

I HAVE SIGNED THIS CONSENT ON THE _____ DAY OF _____, 20_____.

Name (Please Print)

Signature

Signature of Parent or Legal Guardian