

KENTUCKY CLASSICAL THEATRE CONSERVATORY, INC.
Application and Authorization Form: Advance Training Week
June 7 through June 11, 2010

Date: _____

Intern Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Student cell () _____ Emergency cell () _____

Age: _____ SS#: _____ Insurance #: _____

Intern E-Mail: _____

FOR UNDER 18 YEARS OF AGE:

Guardian Name: _____

Guardian Relationship: _____ Insurance#: _____

Guardian E-mail: _____

Tuition for the one week Advanced Training Session, ages 16-Adult is \$200 per applicant. Full tuition must be paid by June 5, 2009 by each Applicant to insure participation in the program.

Please make check payable to KCTC and mail to:

KCTC 412 Rose Street Lexington, KY 40506-0433

For Under 18 years of age:

The undersigned parent or legal guardian of the above named child hereby gives their approval for the child's participation in the 2008 KY Classical Theatre Conservatory. I further release, absolve, indemnify and hold harmless the Ky Classical Theatre Conservatory, Inc., its officers, directors, agents and employees from any and all claims or causes of action for bodily injuries or death resulting from the child's participation in the 2008 Conservatory, including all damages, costs and attorney fees. I further understand that KCTC, Inc. will not provide any form of medical insurance and that any expenses incurred as a result of any injury sustained from participation in the 2008 Conservatory Program shall not be the responsibility of Ky Classical Theatre Conservatory, Inc. its officers, directors, agents and employees.

The undersigned parent/legal guardian hereby authorizes a representative of the KCTC, Inc., to obtain medical services for the above listed intern program participant in the event such medical services are required.

Parent/Guardian Signature

Date