

KENTUCKY CLASSICAL THEATRE CONSERVATORY, INC.
Application and Authorization Form: Three Week Summer Intensive
June 14 through July 2, 2010

Date: _____

Intern Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Student cell () _____ Guardian cell () _____

Age: _____ Grade: _____ SS#: _____

Student E-Mail: _____

Guardian Name: _____

Guardian Relationship: _____ Insurance#: _____

Guardian E-mail: _____

Tuition for the three week Summer Intensive, grades 9-12 is \$600 per applicant. Full tuition must be paid by June 5, 2009 by each Applicant to insure participation in the program. Payments will be accepted on the following dates in increments of \$300;

- 1. \$300 now until May 15**
- 2. \$300 by June 5**

Please make check payable to KCTC and mail to:

KCTC
412 Rose Street
Lexington, KY 40506-0433

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