



“Will Power” 2008 Application and Authorization Form

Date: _____

Intern Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Emergency Phone: () _____

Age: _____ Grade: _____ (as of 7 /1/08) SS#: _____

E-mail: _____

Guardian Name: _____ Relationship: _____

Insurance Name: _____ Insurance#: _____

Tuition for Conservatory participants, grades **9-12** is \$600 per applicant, per semester. First day of classes is June 30, 2008 at 9:30 am.

Cancelation Policy:

One week notice (June 24): *Full Payment minus \$75 (admin fee)*
 Less than one week’s notice: *Half Tuition*
 After program has begun: *No Reimbursement*

Please make check payable to
 KCTC and mail to:
KCTC
P.O. Box 864
Lexington, KY 40588

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