



IMP All Things Theater Application

IMP for Kids
PO BOX 847
Edgartown MA 02539
508-939-9368

www.imp4kids.com

Last Name First Name

Age Date of Birth

Island Mailing Address include ZIP

Off – Island Mailing Address include ZIP

Parent OR Guardian

Alternate Parent or Guardian

Home Number Work Number Cell

Home Number Work Number Cell

E-mail address

Would you like to get letters by email?

Other Members of the Household and Contact Numbers

Emergency Telephone Number and Contact (if non family number)

Does your child have any physical problem or restrictions? (If yes, please specify medications, restrictions, treatments, etc...)

Please list your child's performance experience, (acting, singing, musical instruments, dance)

Please circle the student's interests in theater (circle all that apply)

Improv Story/Fairy Tale Theater Musical Theater Shakespeare Movement / Dance
Writing Scripts Technical Theater Scene Study

Session(s) signed up for (include dates) _____

Time (circle one) AM 9-12 Full 9 – 3:00

Fee Schedule: ONE WEEK Full Day \$250 ONE WEEK Half Day \$170
TWO WEEK Full Day \$485 ONE WEEK Half Day \$320

Make Checks out to IMP for Kids

Please pay ½ of your total tuition to hold your child's space (space is limited)

Amount enclosed: _____

I agree to pay the balance on the Monday Morning of each week

Signature
Revised 4/12

date



IMP Camp
Edg School Theatre
508-939-9361
www.imp4kids.com

Camper Release Form

Camper's Name: _____

Please fill in the names of people (other than yourself) and their relationship to your child that have your permission to pick up your child at the end of camp:

Name: _____ relationship: _____ tel: _____

Name: _____ relationship: _____ tel: _____

Name: _____ relationship: _____ tel: _____

Name: _____ relationship: _____ tel: _____

Name: _____ relationship: _____ tel: _____

Name: _____ relationship: _____ tel: _____

Does your child have permission to walk or bike home after camp? Yes _____ No _____

Parent / Guardian's signature

Print name

date

Please let us know in writing if there are any changes to this list. Individuals not on this list will not be permitted to pick up your child without written consent.



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Permission to Administer First Aid, Emergency Services

In the event of an emergency, injury or situation that requires medical attention I / WE

_____ give permission to the staff of IMP Camp to administer the
(Name of parent(s) or guardian(s))

necessary first aid or notify and utilize the service of the Oak Bluffs ambulance and

Martha's Vineyard Hospital for _____.
(Name of camper)

Parent / Guardian Signature _____

Camper's Name _____

Date _____

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PHOTO RELEASE FORM

I the undersigned agree to allow photos and or video to be taken of
my child _____ during regular IMP classes
(name of child)

rehearsals and performances for promotional purposed by IMP for Kids.
The pictures and / or video will not be used by other
organizations without additional written consent.

Signature of parent / guardian

date

IMP CAMP Illness / Emergency Procedure CARD

Camper's Name: _____ age: _____ Date of Birth: _____

Mailing Address: _____ (town, state) _____ (zip) _____

Street Address: _____

Mother's Name: _____ mailing address: _____

Father's Name: _____ mailing address: _____

Mother's phone: Home _____ Cell _____ Work _____

Father's phone: Home _____ Cell _____ Work _____

Physician _____ Phone: _____

Camper lives with Mother () Father () Both () Other: _____

If neither parent can be reached, contact these alternates:

Name 1 _____ relationship _____ phone _____

Name 2 _____ relationship _____ phone _____

fold here -----
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Camper's name _____

List any chronic conditions, allergies or other information which might be important for your child's care:

Does student use any of the following?: Eyeglasses: _____ contact lenses: _____ hearing aid: _____

List any medications taken by this camper and reason for taking:

In case of accident or serious illness, I request the staff contact me and authorize the IMP camp staff / volunteers to obtain whatever medical attention seems appropriate including the use of emergency medical technicians reached through 911 services.

Additional comments:

Do you have medical services for this child? Yes _____ No _____ Company _____

Parent's / Guardian's Signature _____ date _____