

Summer Camp Enrollment Packet

Sincerely,

David Choate

Founder and Artistic Director

Revolution Dance Theatre

Welcome to RDT's Summer Camp!
Dear Parents and Guardians,
Welcome to the Revolution Dance Theatre (RDT) Summer Camp! We are thrilled to have you child join us for an exciting and enriching experience. At RDT, we are dedicated to providing a nurturing environment where children can explore the arts and discover themselves through creative expression. Our camp is designed to offer a variety of activities that promote confidence, skill-building, and personal growth.
About Revolution Dance Theatre:
Revolution Dance Theatre is committed to enhancing the representation of African American in the arts. Through our performances, educational programs, and community engagement, we aim to inspire and empower individuals to embrace their creativity and celebrate their unique identities. Our summer camp is an extension of this mission, offering children the chance to immerse themselves in dance, visual arts, drama, music, and more, all while having fun and making new friends.
We look forward to an unforgettable summer filled with exploration, learning, and joy!



Summe Camp Enrollment Form

Participant Information:	
- Name:	
- Date of Birth:	
- Address:	
- Phone:	
- Email:	
- School:	
- Grade:	
Parent/Guardian Information:	
- Name:	
- Relationship:	
- Phone:	
- Email:	
Emergency Contact Information:	
- Name:	
- Relationship:	
- Phone:	
- Allergies/Medical Conditions:	
- Medications:	

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Forms and Waivers

Please complete and return the following forms with your enrollment packet:

- l. Informed Consent/Health Declaration
- $2.\ Permission\ to\ Transport\ Form$
- $3.\, Emergency\, Medical\, Form$
- 4. Photo Release Waiver
- 5. Video Release Waiver
- 6. General Release of Liability and Indemnity Agreement



Informed Consent/Health Declaration

Revolution Dance Theatre & David Choate Productions

Participant Information:	
- Name:	
- Date of Birth:	
- Address:	
- Phone:	
- Email:	
Emergency Contact Information:	
- Name:	
- Relationship:	
- Phone:	
Health Information:	
- Please list any allergies, medical conditio	ns, or medications:
- Does the participant have any physical lin	nitations? If yes, please describe:

Informed Consent:

I, the undersigned, am the parent/legal guardian of the above-named participant and consent to their participation in activities organized by Revolution Dance Theatre and David Choate

Productions. I acknowledge that participation in these activities involves risks, including but
not limited to physical injury and property damage. I voluntarily assume these risks and
release and hold harmless Revolution Dance Theatre and David Choate Productions, their
officers, directors, employees, agents, and volunteers from any and all claims, demands,
actions, or causes of action arising out of or in connection with the participant's involvement in
these activities.

Signature:	Date:	



Permission to Transport Form

- Relationship: _____

- Phone: _____

Signature: ______ Date: _____

Revolution Dance Theatre & David Choate Productions
Participant Information:
- Name:
- Date of Birth:
Transportation Information:
I, the undersigned, give permission for Revolution Dance Theatre and David Choate Productions to transport my child to and from camp-related activities and events.
- Name:



Emergency Medical Form

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Participant Information:	
- Name:	
- Date of Birth:	_
Emergency Contact Information:	
- Name:	
- Relationship:	_
- Phone:	
Medical Consent:	
	norize Revolution Dance Theatre and David Choate nent for my child if I cannot be reached. I agree to be as a result of such treatment.
Signature:	_Date:



Photo Release Waiver
Revolution Dance Theatre & David Choate Productions
Participant Information:
- Name:
- Date of Birth:
Photo Release:
I, the undersigned, grant permission to Revolution Dance Theatre and David Choate Productions to use photographs of the above-named participant for promotional and educational purposes in any media without compensation. I release all claims against Revolution Dance Theatre and David Choate Productions with respect to the use of these images.
Signature: Date:
Video Release Waiver
Revolution Dance Theatre & David Choate Productions
Participant Information:
- Name:
- Date of Birth:

I, the undersigned, grant permission to Revolution Dance Theatre and David Choate
Productions to use video recordings of the above-named participant for promotional and
educational purposes in any media without compensation. I release all claims against
Revolution Dance Theatre and David Choate Productions with respect to the use of these
recordings.

Video Release:

Signature:	Date:



General Release of Liability and Indemnity Agreement

Revolution Dance Theatre & David Choate Productions	
Participant Information:	
- Name:	
- Date of Birth:	
Release of Liability:	
I, the undersigned, agree to indemnify and hold harmless Revolution Dance Theatre and David Choate Productions, their officers, directors, employees, agents, and volunteers from any and all claims, demands, actions, or causes of action arising out of or in connection the participant's involvement in any activities or programs provided by Revolution Dance Theatre and David Choate Productions.	om with
Signature: Date:	
Checklist for Parents/Guardians	
Please ensure the following items are completed and submitted:	

- Enrollment Form
- Informed Consent/Health Declaration
- Permission to Transport Form
- Emergency Medical Form
- Photo Release Waiver

- Video Release Waiver
- General Release of Liability and Indemnity Agreement

Thank you for enrolling your child in the Revolution Dance Theatre Summer Camp. We look forward to a fantastic summer of creativity, growth, and fun!