



# ACTION! CAMP 2019

## Spring Break Acting Camp For Film & TV

March 18 - March 22 (10am - 3pm)  
(Ages 15 -18 years old)

**Deadline for ACTION! CAMP applications is March 01, 2019**

Maximum **12 students** will be accepted into the camp.

Applications will be considered on a first apply, first accepted basis.

Requirements for consideration of acceptance into this program are:

1. **Completed application form.**
2. **Strong communication skills in English** (Speaking and Listening)
3. **150 word statement** on why you would be a good candidate for our ACTION! CAMP.
4. **2 Photos** (headshot and full body, non professional photos are fine)
5. **Completed Student/Parental Waiver, Medical Waiver & Photo Release form** (attached)
6. **Payment of \$25 Application Fee** by cash, cheque, money order or credit card (credit card authorization form attached) payable to Vancouver Academy of Dramatic Arts.

### Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Tel: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Email: \_\_\_\_\_

### School Information

School Name \_\_\_\_\_

School Phone Number \_\_\_\_\_ Career Counsellor Name: \_\_\_\_\_

By signing below, I understand that once accepted into the ACTION! CAMP I must pay all camp fees **30 Days prior to the start of camp** or I will be withdrawn from the camp.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** Vancouver Academy of Dramatic Arts (VADA) does **not** guarantee that students will be placed in the program, or that all programs will run. This will be based on application numbers. Enrolment is limited, and early application is recommended.

- Application Fee refund will **only** be offered if there is no available place in the program **or** if the student does not meet the requirements of the ACTION! CAMP program (listed above)
- If a student is accepted, but withdraws from the program or does not attend, they will **not** be eligible for a refund of their Application Fee (\$25).

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Full payment of ACTION! CAMP fees \$395 plus tax (does not include application fee) must be received at least 30 days prior to start date of camp or student will be withdrawn.

## Student/Parental Medical Waiver Form

### Consent/Release Form for Action! Camp Spring Program Participants

Each Action! Camp program participant must complete this form and have the signature of a parent or legal guardian before she/he may participate in acting camp program. All sections must be completed. Please print legibly and use a black or blue ink.

#### Participant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal/ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

#### In Case of Emergency

Person #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Person #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

#### Medical Profile

Generally, my health is (check one) \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

If fair or poor, please explain your condition:

List any medical difficulties for which you are currently being treated:

List any medications you are currently taking:

List any medicines or substances to which you are allergic:

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physician Address \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Policy number \_\_\_\_\_

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## Authorization for Medical Treatment

For myself and/or on behalf of my participating child/grandchild, I hereby give permission for any physician, hospital, or health care facility to provide medical care, treatment, and administer medication to participant as deemed necessary by a physician or the LUPD.

## Release of All Claims

For and in consideration of participation in VADA Action! CAMP activities, I hereby acknowledge that we understand that there could be some risks involved, and we hereby assume all such risks. I hereby release Vancouver Academy of Dramatic Arts (VADA) and all of its agents, employees, officers, and directors from any and all risks, actions, causes of action, claims, demands, liabilities and obligations of any and every nature whatsoever, including, without limitation, for illness, personal injury, death, property damage, and personal or proprietary rights, and hereby hold Liberty University harmless and agree to fully indemnify Vancouver Academy of Dramatic Arts (VADA) from and against any and all claims. I hereby personally assume full responsibility for any and all claims and for any and all hospital and medical bills for myself and/or participant. I hereby certify to Vancouver Academy of Dramatic Arts (VADA) that I have obtained and will maintain in full force and effect adequate primary medical insurance for myself and/or participant. In the event it is necessary for me or participant to return home due to disciplinary action, for medical reasons, or otherwise, I hereby personally assume full responsibility for all such transportation arrangements and costs.

Parent/Legal Guardian Initial \_\_\_\_\_ Student Initial \_\_\_\_\_

## Consent to Use and Publication of Photo/Image Release

I hereby give Vancouver Academy of Dramatic Arts (VADA) the absolute, unconditional, and irrevocable right and permission to use my child's name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotape images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during and/or after the acting exercise or event and to circulate same in any and all forms and media for art and advertising, and I hereby consent to the use of all printed matter in conjunction therewith and waive all rights to inspect and/or approve drafts, finished products, and/or editorial, promotional, and printed copy and sound tracks that may be used in connection therewith, and waive all rights to control any aspect of any production, alteration, use, distribution or disposition of said products, copy, and/or sound tracks, and hereby discharge and agree to hold Vancouver Academy of Dramatic Arts (VADA) harmless and fully indemnify Vancouver Academy of Dramatic Arts (VADA) from and against any and all claims arising by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the production, processing, duplication, projecting, or displaying of said images of me and/or Participant, and from any and all claims for violation of any personal and all proprietary rights me or the Participant may have or may claim to have in connection with such images and with the production, alteration, use, distribution, and disposition thereof.

Participant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
*dd/mm/yy\_*

Parent/Custodial Signature \_\_\_\_\_ Date \_\_\_\_\_  
*dd/mm/yy\_*

Phone: (        ) \_\_\_\_\_

Parent/Legal Guardian Initial \_\_\_\_\_ Student Initial \_\_\_\_\_

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## Third Party Authorization Form

I, \_\_\_\_\_ acknowledge that \_\_\_\_\_  
Cardholder Student

is attending **Vancouver Academy of Dramatic Arts (VADA) ACTION! CAMP** and hereby provide authorization to charge my credit card for the following amount: **\$25.00 (Application Fee)**

Full name as listed on card: \_\_\_\_\_

Type of credit card: \_\_\_\_\_

Credit card account number: \_\_\_\_\_

Expiry date of card: \_\_\_\_\_ CVC # \_\_\_\_\_  
dd/mm/yy

Relationship to student: \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_  
Place of Signing (city) dd/mm/yy

Signature of Cardholder: \_\_\_\_\_

For office use only:

Signature of employee processing transaction: \_\_\_\_\_

Student number: \_\_\_\_\_