



Summer Break Acting Camp 2025

Aug 11th - Aug 15th (1:30-4:30pm)

(Ages 10-14 years old)

Deadline for applications is AUGUST 1, 2025

Maximum **10 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. **1 Photo** (headshot, non professional photos are fine)
4. **Completed Student/Parental Waiver, Medical Waiver & Photo Release form** (attached)
5. **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 _____ Email: _____

School Information

School Name _____ Grade _____

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that once accepted into the ACTING CAMP I must pay all camp fees **30 Days prior to the start of camp** or I will be withdrawn from the camp.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

Full payment of Acting CAMP fees \$375 must be received at least 30 days prior to start date of camp or student may be withdrawn)

Please note the \$25 application to hold your seat is not included in tuition fee.

Student/Parental Medical Waiver Form
Consent/Release Form for Summer Break Acting Camp Program Participants

Each Acting 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 _____

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.

Release of All Claims

For and in consideration of participation in VADA ACTING 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 _____

Third Party Authorization Form

I, _____ acknowledge that _____
Cardholder Student

is attending **Vancouver Academy of Dramatic Arts (VADA) ACTING 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: _____