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### [www.sociedadactoral.com](http://www.strasberg.com/)

**Admissions Application Form**

**SAH Kids & Teens/ Broadway Summer Camp**

**Personal Information**

**Parent/Guardian #1**: **2#:**

# TALENT NAME

### Last Name: First Name:

Middle Name:

**PERMANENT ADDRESS**

Street Address:

City:

State:

Zip:

Country: Cell Phone:

Home Phone: E-mail:

Fax Number:

Skype ID:

Age:

Date of Birth (mm/dd/yyyy):

SAG-AFTRA



Gender:

Male Female

Are you a citizen of the United States?

Yes No

Allergy (s) medical conditions

explain:

Yes No

Do you speak Spanish. Yes No

Country of Birth: Country of Citizenship:

How did you learn about the SAH?

**Emergency Contact Information**

### Name: Telephone:

Relationship:

**Sessions and Programs**

**When would you like to begin your studies? Choose one session only: Year:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Spring (12 ) | | | Fall (12 Weeks) | | |
| Summer A | (4 | Weeks) | Summer B | (4 | Weeks) |

**I am interested in (ADTIONAL):**



Extra care  food and beverage

**Sociedad Actoral Hispanoamericana Liability Waiver and Acknowledgment of Risk:**

I understand and agree that in participating in any dance class, workshops, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of Sociedad Actoral Hipanoamericana (SAH) classes, rehearsals, performances, or activities.

1. All monthly tuition payments are due by each academic month (4 weeks) while my child is enrolled at Broadway Summer Camp By SAH. Any payments made after the first class the academic.
2. There will be no refunds, extended payments or credits for classes.
3. All tuition and costume balances must be paid in full in order for my child’s costume to be released.
4. La Sociedad Actoral Hispanoamericana is not responsible for lost articles.

**I also exempt, release, and indemnify Sociedad Actoral Hispanoamericana, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Sociedad Actoral Hispanoamericana.**

**SAH Talent Policies & Regulations.**

1. Children must be signed in and out each day by a parent or guardian. We understand that occasionally things go wrong (traffic jams, car trouble etc.). If you realize you will be late in picking up

your child, please call SAH-Kids summer camp, (786) 339-4577 to alert staff (extra fee can be applied). This will allow staff to reassure campers and prevent unnecessary worry. Children who will be walking to camp may sign themselves in and out, but parents must provide a letter that states your child has permission to do so.

2. Please do not send your child to camp with cell phones or other electronic devices. Children are allowed to bring cell phones designated for emergency use only, but will be asked to keep them off during scheduled art sessions.

3. SAH-Kids summer Camp understands that children thrive in a comfortable and supportive environment and have a strict no bullying policy to ensure that all of our campers enjoy their time here. This policy is reviewed with kids on their ﬁrst day.

4. All SAH-Kids Camper’s will need to bring a lunch, snack and a water bottle each day. Lunches cannot be stored in a refrigerated. Please keep this in mind when preparing lunches. Parents will notify if a camper’s allergies require any lunch or snack restrictions prior to their child’s ﬁrst day of camp.

5. ART CAMP IS MESSY! Please send your child in appropriate clothes (SAH-kids T-Shirts) And another change of cloth.

6. SAH-Kids summer camp is always here to answer questions about our summer camp. If you have questions, comments, or concerns, please contact us: Miguel Sahid, Summer Camp Director- (305) 873-4552 or email: [info@sociedadactoral.org](mailto:info@sociedadactoral.org), [www.sahkids.com](http://www.sahkids.com), [www.sociedadactoral.com](http://www.sociedadactoral.com)

**I certify that to the best of my knowledge that the foregoing information I have provided on this application is accurate and correct.**

Print Name:

Signature:

Date:



**FOR OFFICIAL USE ONLY:**

Date Application Received:

Interview Date:

Scale (1-10)

Received by:

Interviewed by:

Accepted:

Yes

No