

**CAT CAMP / STUDENT APPLICATION**

Please attach your headshot and resume.

Student Applicant

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male Female Other

Grade Level Fall 2022 \_\_\_\_\_ Name of High School \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

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

Parent Contact Info

Father's Name \_\_\_\_\_

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

Mother's Name \_\_\_\_\_

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

Select Type of Camper                      Day Camper                      Overnight Camper

**Program Costs**

Day Camper    \$775.00 per camp    \$ \_\_\_\_\_

Overnight Camper    \$1275.00 per camp    \$ \_\_\_\_\_

Total Enclosed    \$ \_\_\_\_\_

**Payment Information**

Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_

If paying by credit card, please complete the credit card authorization form linked below

If paying by check, please make the check payable to *The University of Houston*

[https://uhsystem.edu/legal-affairs/contractadministration/pdf-documents/Credit%2oCard%2oAuthorization\\_%2oOGC-SF-2006-1.pdf](https://uhsystem.edu/legal-affairs/contractadministration/pdf-documents/Credit%2oCard%2oAuthorization_%2oOGC-SF-2006-1.pdf)

Signature

**Mail Application and Deposit to:**

CAT Camp  
University of Houston School of Theatre & Dance  
3351 Cullen Blvd., Room 133  
Houston, TX 77204-4016

**Questions?** Gary Cooper, Associate Professor of Theatre Education, at [cgcooper@central.uh.edu](mailto:cgcooper@central.uh.edu)



**CAT CAMP / RESUME FORM**

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Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_

Grade Level Fall 2022 \_\_\_\_\_ Name of High School \_\_\_\_\_

Shirt Size \_\_\_\_\_

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**Theatre Experience**

Please list your experience that pertains to theatre. For example, acting, technical, music or vocal lessons, previous summer acting programs, etc. You may attach a resume or use the back for additional space.

Role / Position	Production / Event / Course	School / Venue / Company

**Special Skills**

For example, juggling, acrobatics, magic tricks, musical instruments, dance and vocal.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What inspires you about theatre?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAT CAMP / MEDICAL EMERGENCY INFORMATION AND CONSENT FOR TREATMENT FORM**

**Student Info**

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male Female Other

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Parent Info**

Father's Name \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Work) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's Name \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Work) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Medical Info**

Allergies \_\_\_\_\_ Current Medications \_\_\_\_\_

Date of Last Tetanus Booster (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Chronic Illnesses or Conditions \_\_\_\_\_

**Insurance Info**

Does the student have health insurance? Yes No

Medical Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Group # or ID # \_\_\_\_\_ Name of Insured \_\_\_\_\_

**Emergency Contact(s)**

First Emergency Contact \_\_\_\_\_

Phone (Day) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Evening) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Work/Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

Second Emergency Contact \_\_\_\_\_

Phone (Day) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Evening) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Work/Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

**Consent for Medical Treatment**

The attending physician, appropriate staff, the University of Houston, Central Campus and their Board of Regents, officers, employees, representatives shall not be responsible in any way for any consequence from medical treatments and are hereby released from any and all claims and causes of action which may arise insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

The University of Houston does not carry medical insurance for participants in any of its programs. It is recommended that you have appropriate medical coverage for your child.

I, as parent/legal guardian, grant permission for my child \_\_\_\_\_ to receive medical treatment.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date