



## 2010 Summer Camp Application

### CAMPER INFORMATION (PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_ Male  Female   
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_  
 Parent's/ Guardian's Name (s): \_\_\_\_\_  
 Parent's/ Guardian's E-mail: \_\_\_\_\_  
 Cell Telephone: (\_\_\_\_) \_\_\_\_\_ Office Telephone: (\_\_\_\_) \_\_\_\_\_  
 Tee shirt size \_\_\_\_\_  
 How did you hear about us?  Blog  Website  Ad  Workshops  Other \_\_\_\_\_  
 Have you previously attended Camp Broadway Yes  No

### Please tell us about your school.

School Name: \_\_\_\_\_ School Phone: (\_\_\_\_) \_\_\_\_\_  
 School Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Teachers Name: \_\_\_\_\_

### 2010 PROGRAM REGISTRATION INFORMATION

Summer Camp – ATLANTA, GEORGIA • JUNE 21-25, 2010      Ages 11 - 17 • \$500

### PAYMENT INFORMATION

- Full Payment is Enclosed (via check or credit card): Amount \$ \_\_\_\_\_
- Deposit Enclosed: Amount \$ \_\_\_\_\_ (50%) Balance Due \$ \_\_\_\_\_ (50%)  
*A second payment for the balance is due **four (4) weeks prior to the program.** No invoice or other reminder will be issued.*
- Payment Method: Check (payable to The Fox Theatre)  MasterCard  Visa  American Express  
 Account # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Name as Listed on Card: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_



Tell us a little about yourself by answering the following questions on a separate piece of paper. (If you are a returning camper, you do not need to fill out this section, unless you have new information to share with us):

1. Do you take any classes in the performing arts or play a musical instrument? Yes  No   
If so, describe your activities.
  
2. Have you ever been involved in a play or musical in your school or community theater? Yes  No   
If so, describe your experience.
  
3. What area(s) of the performing arts (e.g., performing, costume or scenery design, stage management, choreography, etc.) most interest(s) you? What do you want to learn about this area?
  
4. What are your favorite shows and why?
  
5. Do you aspire to work professionally in the performing arts industry? Yes  No   
If so, how?
  
6. Why do you want to attend **CAMP BROADWAY**? (This question is very important- so take time and think about your answer)

**Please write legibly and in black ink.**



2010 MEDICAL RELEASE



CAMP BROADWAY is committed to providing individual attention to each camper who attends our program. To ensure the good health and safety of your child, please complete and return this form. Children will not be permitted to begin class without a signed medical release. Thank you for your cooperation.

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Day Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Day Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor Telephone: ( ) \_\_\_\_\_

Does your child wear glasses and/or contacts? \_\_\_\_\_

Please list physical injuries or chronic health problems that we should be aware of, e.g. asthma, epilepsy, knee injury, etc.: \_\_\_\_\_

Please list any medical restrictions or allergies: \_\_\_\_\_

Please list any food allergies or dietary restrictions: \_\_\_\_\_

Is your child taking any medications or is there any other information that we should be aware of?  Yes  No

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Expiration date: \_\_\_\_\_ How often must medication be taken? \_\_\_\_\_

Is your child authorized to self-medicate?  Yes  No

Amount to be given at camp: \_\_\_\_\_

Describe any special storage requirements: \_\_\_\_\_

Describe any specific directions or special precautions for administering medication (e.g. take on empty stomach/with food): \_\_\_\_\_



Describe any possible side effects/adverse reactions:

List other medications the camper may take (at parent's discretion, e.g. Tylenol for minor headaches):

Note: The Camp Broadway and Fox Theatre staff is NOT able to administer medications of any kind to your child. Please be sure that your child brings any needed medications each day to Camp.

Please list any other special needs or conditions that your child may have:

Parent/Guardian Signature

Date

If a medical emergency occurs which involves the need to take your child to a doctor or the hospital emergency room and we cannot reach you, we must have your written permission for us to seek medical attention or the doctor will not see the child. All efforts will be made to contact you or the emergency contact person listed above.

We also need the following information:

Do you have medical insurance covering your child? Yes No

If yes, what is your insurance company?

Policy Number:

Please have your doctor sign the following statements:

I, the undersigned, have examined the above named child and found them to be in good health and able to participate in all CAMP BROADWAY classes, workshops and entertainment activities.

Doctor (Print Name) Date:

Doctor (Signature) Date:

Conflicts

Please be aware that full attendance throughout the entire week of Camp is strongly advised. Any absence or early dismissal, including but not limited to illness, may result in your child not being able to participate in portions of the final show. Please list below any foreseeable conflicts during the week of Camp.



## 2010 SIGN-OUT RELEASE

CAMP BROADWAY ends each day at 5:00 pm. In order to insure the safety of all of our campers, we will not release a child to anyone other than a parent or legal guardian, unless authorized to do so in writing. Please complete this portion of the registration by filling out the section that applies to you.

Camper Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

### I will be picking up my child at the end of each day.

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

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### I give the following person/s permission to pick up my child.

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

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### My child has permission to leave Camp Broadway on his/her own.

Parent Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

I, the undersigned, am aware and agree that once my child leaves CAMP BROADWAY is no longer responsible for his/her whereabouts, actions or welfare.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian (Print Name)

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian (Signature)

*Note: If you are visiting from out of town, please make sure to inform the staff where you can be reached.*



# 2010 Camper Release Form

Please read carefully, then sign and date the following statements.

**I. CAMP BROADWAY** is dedicated to providing an informative and entertaining experience for your child. Camp Broadway maintains constant adult supervision for all activities.

Camper Name \_\_\_\_\_

By enrollment in this program, I \_\_\_\_\_ (parent/legal guardian) grant CAMP BROADWAY permission to:

- take my child on an off-site field trip that may include, but is not limited to, a supervised walking tour.
- take photographs, and/or make video or audio recordings of my child, and use them in connection with the promotion or publicity for Camp Broadway.

I agree that neither Camp Broadway, nor any of its employees, independent contractors, directors and/or officers will be held liable for any injury which may occur to my child while attending Camp Broadway. This includes, but is not limited to, any activities in which he/she may participate including classes in singing, acting, dancing, physical comedy, stage craft, theatrical mask work, warm-up exercises and/or meals. I hereby release Camp Broadway and their respective employees, independent contractors, directors and/or officers from any and all legal or financial claims.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent of Legal Guardian (Print Name)

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian (Signature)

**II.** The information in this release is correct as far as I know. My child has permission to take part in all Camp Broadway activities. I understand that every attempt will be made to contact me in case of an emergency. In the event I cannot be reached, I give consent to emergency transportation, x-rays, medical treatment(s), surgery or dental care for my child. I agree to assume responsibility for charges so incurred.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent of Legal Guardian (Print Name)

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian (Signature)