



MUSICAL THEATRE DAY CAMP ENROLLMENT FORM



STUDENT INFORMATION *(Please use a separate form for each child enrolling.)*

Student Name _____
(First Name) (Last Name)

Birthdate _____ Age _____ Grade _____ Boy Girl

Parent or Guardian _____

Home Phone _____ Mobile Phone _____

Emergency Contact _____
(Name and relation to student) (Phone)

Address _____
(Street) (Apt #)

(City) (State) (Zip)

E-Mail _____

Physician's Name _____ *(Imperative if your child has allergies.)* Phone _____

List all known medical conditions (including allergies to food or medications). _____

List any and all over-the-counter and/or prescription drugs taken regularly _____

Medical Insurance Company _____ Insurance Policy # _____

(The above information is needed in case your child has to be taken to the hospital and the parent/guardian cannot be reached)

Date

Signature of Parent /Guardian

AUTHORIZATION FOR EMERGENCY CARE TO A MINOR

As parent/guardian of _____ *(child's name)*, I authorize such diagnostic, medical, and/or surgical treatment of my child as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury, by licensed emergency medical professionals.

Date

Signature of Parent /Guardian

Photo Release Statement:

I give permission and consent for _____ to allow photographs to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Dare to Inspire Camp to illustrate and promote the camp experience, Dare to Inspire and its camp programs. I release Dare to Defy and Beaver Creek Community Theatre from all claims, demands, and liabilities whatsoever in connection with above.

Signed (Parent or Legal Guardian): _____ Date: _____



T-Shirt Size (Circle One)

Youth: YSmall Ymed Ylarge

Adult size: S M L XL XXL XXXL

How did you hear about camp? (circle one)

Camp Rocks Friend Internet BCT Sign Other _____

Week One: Workshops (Workshops on all aspects of theatre which could include auditioning, dance, acting, makeup, costume design, sounds, lights, scenic design). There will be an Open House the last hour of camp on Friday so the kids can show what they have learned. **July 10th-14th M-F 9 A.M. – 3 P.M.** (bring own lunch)

Week Two: Putting on a Show (From auditions to performance) **July 17th- 21st 9 A.M. – 3 P.M.** (bring own lunch)

Performances: Friday, July 21st at 7:00 PM and Saturday, July 22nd at 12:00 PM

There will be a **mandatory** strike party with drinks and snacks following the final performance on July 22nd.

Camp will take place at Beaver Creek Community Theatre, in the Lofino Senior Center, located at 3868 Dayton Xenia Road, Beaver Creek, OH 45432. Send this registration form and payment to Dare to Defy Productions at 3746 Mesquite Drive, Beaver Creek, Ohio 45440. Any questions call Dionne Meyer at (831) 233-8437 or email dmeyerd2d@gmail.com. Checks made payable to Dare to Defy Productions. **Please check which option(s) you want. (DISCOUNT for siblings. 2nd child take \$25 off each price listed below. For 3rd or 4th child take \$50 off each price below.)**

_____ **Week One Only:** Cost---On or Before April 15th: \$150 After April 15th: \$170

_____ **BOTH Week One and Two:** Cost—On or Before April 15th: \$260 After April 15th: \$300

Extended care will be offered if enough interest. Check all options needed.

_____ Morning Care (8:00 AM-9:00 AM)

_____ Week 1 only (\$25.00) _____ Week 2 only (\$25.00) _____ Both Weeks (\$40.00)

_____ Afternoon Care (3:00PM – 5:00PM)

_____ Week 1 only (\$50.00) _____ Week 2 only (\$50.00) _____ Both Weeks (\$80.00)

Tuition (Camp Cost): _____

Payment Method: _____ Check _____ Credit Card

Extended Care Cost: _____

Card Number _____

Processing Fee: _____ (\$3.00 if using a credit card.)

CID (Last 3 digits on the back) _____ Exp. Date _____

Total: _____

Signature _____