



# 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)*

\_\_\_\_\_  
Signature of Parent /Guardian Date \_\_\_\_\_

### **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.

\_\_\_\_\_  
Signature of Parent /Guardian Date \_\_\_\_\_

### **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 10<sup>th</sup>-14<sup>th</sup> M-F 9 A.M. – 3 P.M.** (bring own lunch)

**Week Two:** Putting on a Show (From auditions to performance) **July 17<sup>th</sup>- 21<sup>st</sup> 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. 2<sup>nd</sup> child take \$25 off each price listed below. For 3<sup>rd</sup> or 4<sup>th</sup> child take \$50 off each price below.)**

\_\_\_\_\_ **Week One Only:** Cost---On or Before April 15<sup>th</sup>: \$150 After April 15<sup>th</sup>: \$170

\_\_\_\_\_ **BOTH Week One and Two:** Cost—On or Before April 15<sup>th</sup>: \$260 After April 15<sup>th</sup>: \$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** \_\_\_\_\_