



Theatre Camp Registration Summer 2011

PLEASE USE A SEPARATE FORM FOR EACH CHILD AND BE SURE TO COMPLETE THIS FORM IN ITS ENTIRETY
REGISTRATION MUST INCLUDE EMERGENCY CARE INFORMATION

CHILD/PARTICIPANT INFORMATION			
Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Nick Name:	<input type="text"/>	Gender: Male Female	Birth date: / /
School Attending:	<input type="text"/>	Grade in Fall 2011:	<input type="text"/>

PARENT/LEGAL GUARDIAN INFORMATION		
Full Name:	<input type="text"/>	
Daytime Phone:	<input type="text"/>	Cell Phone: <input type="text"/>
Email:	<input type="text"/>	
Address:	<input type="text"/>	
City:	State: <input type="text"/>	Zip: <input type="text"/>

I agree to enclose a non-refundable deposit of \$200.00 and to pay the balance by May 16, 2011. I also understand that I forfeit the deposit if I withdraw my child from the workshop, and/or may lose my child's place in the workshop if the full tuition is not received by The Growing Stage Theatre, Inc by May 16, 2011. I understand that full tuition is due at the time of registration for all registrations submitted after May 16, 2011.

Parent/Legal Guardian Signature:



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Participant's Name:

EMERGENCY CONTACT INFORMATION

Emergency Contact #1:

Relationship to the Participant:

Daytime Phone: Cell Phone:

Emergency Contact #2:

Relationship to the Participant:

Daytime Phone: Cell Phone:

Emergency Contact #3:

Relationship to the Participant:

Daytime Phone: Cell Phone:

I understand that my child may be released to anyone on the above list if he/she becomes ill or injured and must leave camp.

Parent/ Legal Guardian Signature:



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Participant's Name:

MEDICAL INFORMATION

Family Physician:

Physician Phone:

Insurance Carrier:

Plan:

Carrier Phone:

Group/Policy Number:

Allergies - Insect Stings (please list):

Allergies - Food/Drugs (please list):

Allergies - Other (please list):

Medical Conditions: (please check all that apply and provide details)

- Diabetes Asthma Seizures LD Orthopedic Visual/Hearing Impairment
 Emotional Problem Other



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Participant's Name:

MEDICAL INFORMATION - CONTINUED

Additional information regarding any of the allergy or medical conditions, or any other disabilities or conditions we should be aware of:

Is your child currently under the care of a physician for a medical problem? (if so, please explain:)

List all medication and dosages your child receives on a continual basis or is receiving at the present time:

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for my child by an emergency room or nearest hospital. The medical staff has my authorization to provide treatment, which a physician deems necessary for the well being of my child. I agree to be responsible for all charges incurred.

Parent/Legal Guardian Signature:



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Participant's Name:

PROGRAM AND PAYMENT INFORMATION

Full payment is due with registration. You may enclose a check payable to "The Growing Stage Theatre, Inc" or pay online at www.growingstage.org

Choose Program:

Check Here if you are making your payment online

<input type="checkbox"/>		<p>Camp 1: Cost: \$550.00 Ages 11-17 June 20 - July 8 ...performing at Franklin Park Arts Center</p> <p style="text-align: right; font-size: small;">(Camp closed on Monday, July 4th)</p>
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<input type="checkbox"/>		<p>Camp 2: Cost: \$441.00 Ages 7-11 July 11 - July 22 ...performing at Loudoun Valley Arts Center</p> <p style="text-align: right; font-size: small;">Price includes PRCS Vendor & Admin Fees FOR THIS CAMP YOU MUST REGISTER AND PAY THROUGH LOUDOUN COUNTY PARKS AND RECREATION</p>
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<input type="checkbox"/>		<p>Camp 3: Cost: \$550.00 Ages 11-17 July 25 - August 12 ...performing at Franklin Park Arts Center</p>
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Participant's Name:

PHOTO/VIDEO AUTHORIZATION

I give my consent and authorization for photos and/or videos of my child's performance to be used in or on The Growing Stage Theatre, Inc's promotional materials and/or web based pages.

Parent/Legal Guardian Signature:

WAIVER AND ACKNOWLEDGEMENT

I understand that it is my responsibility to bring any special concerns, medical or otherwise, about my child to the Camp Director's attention at the time of registration.

I understand that The Growing Stage assumes no responsibility for injuries or illnesses which my child may sustain as a result of his or her physical condition or resulting from his or her participation in any camp activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries which may result from participation in these activities.

I hereby release and discharge The Growing Stage, its agents, servants, Board of Directors and contractors from any and all claims of injury, illness, death, loss, or damage which my child may suffer as a result of his or her participation in these activities.

Parent/Legal Guardian Signature:

Date: