

# StarPlayers Musical Theatre

## Summer Camp Registration Form 2012

(Please use a separate form for each student. Print clearly.)  
Student's Grade (2011-12 school year) should be 1<sup>st</sup> – 7<sup>th</sup>  
(If openings are available, a limited number of kindergarteners  
may enroll with prior Directors' permission. Please inquire by email.)

Student's Name \_\_\_\_\_ Gender (M or F) \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade (2011-12 school year) \_\_\_\_\_ School \_\_\_\_\_

Parents'/Guardians' Names \_\_\_\_\_

Address \_\_\_\_\_

Street City Zip Code

Phone Numbers \_\_\_\_\_ 1. \_\_\_\_\_ 1. \_\_\_\_\_

Home

2. \_\_\_\_\_ 2. \_\_\_\_\_

Work (Number & Name)

Cell (Number & Name)

E-mail \_\_\_\_\_

Each Session runs five days: M-Thur. 9:00 a.m.–3:30 p.m. and Fri. 9:00 a.m.–4:30 p.m.  
Fridays end with a Performance and Reception for family and friends at 3:30 p.m.

Indicate Session Preferences by marking 1, 2, 3 or 4. Sessions have identical content.

\_\_\_ Session 1 June 18 - 22

\_\_\_ Session 2 June 25 - 29

\_\_\_ Session 3 July 9 - 13

\_\_\_ Session 4 July 16 - 20

T-Shirt Size \_\_\_S 6-8 \_\_\_M 10-12 \_\_\_L 14-16 (Child Sizes) \_\_\_S \_\_\_M \_\_\_L (Adult Sizes)

Friend(s) you'd like in your Group (should be similar grade) \_\_\_\_\_

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Maximum number of Campers in any one Session is 50.

Fee for each Session is \$ 230.00 per Camper.

☛ Family Discount: First Child \$ 230.00; Second Child \$ 205.00; Third Child \$ 180.00

Registration must include a Deposit of \$ 50.00 per Camper. Balance is due by May 1<sup>st</sup>.

Complete these Steps to Enroll:

1. Fill out a Registration Form and Camper Medical History Form

2. Write a single check for the sum of all \$ 50.00 deposits, payable to "StarPlayers."

\*If registering after May 1<sup>st</sup>, pay the entire Session Fee(s)

3. Mail forms and check to: StarPlayers, 3518 Tara Lane, Woodbury, MN 55125

Confirmation Notices and Additional Information will be sent to you upon enrollment.

## Camper Medical History

Physician/Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_ ID # \_\_\_\_\_

Dentist/Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_

Are Camper's immunizations (including tetanus) up to date? \_\_\_\_\_

Describe any special medical concerns/allergies \_\_\_\_\_

\_\_\_\_\_

Current medications \_\_\_\_\_

Activity restrictions \_\_\_\_\_

### Alternate Contact (if parent cannot be reached)

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
Home Cell Work

### Who has permission to pick up your Camper?

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

### Permissions and Releases

I give permission for my Camper to participate in all activities, except as indicated under "Medical History." I accept responsibility for any payment for medical treatment for my Camper which may be required while he or she is participating in StarPlayers Camp. I give permission for StarPlayers' Directors to provide initial medical treatment and to procure additional professional medical help for my Camper if needed while attending StarPlayers Camp. I understand that I or my Alternate will be contacted if treatment is necessary. I release all StarPlayers Staff from any liability involving any injury sustained by my Camper during StarPlayers Camp.

I grant permission for any photographs and video or audio recordings made of my Camper while he or she is participating in StarPlayers Camp to be used by StarPlayers for publicity purposes. I understand that my Camper's name, address, phone number or any other personal information will never be shared with anyone outside StarPlayers without my consent.

Parent or Legal Guardian Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_