

StarPlayers Musical Theatre

Summer Camp Registration Form 2010

(Please use a separate form for each student. Print clearly.)
 Student's Grade (2009-10 school year) should be 1st – 7th
 (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 (2009-10 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.
 Extended Play a.m. runs 7:30-9:00 M-F. Extended Play p.m. runs 3:30-5:00 M-Thur.

Indicate Session Preferences (1-4). Sessions have identical content.

Sign up for any Extended Play options by marking (x).

___ Session 1 June 21 – 25 (No Extended Play)

___ Session 2 June 28 – July 2 ___ Extended Play a.m. ___ Extended Play p.m.

___ Session 3 July 12 – 16 (No Extended Play)

___ Session 4 July 19 – 23 (No Extended Play)

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) _____

Maximum number of Campers in any one Session is 50.

Fee for each Session is \$ 220.00 per Camper.

☛ Family Discount: First Child \$ 220.00; Second Child \$ 200.00; Third Child \$ 180.00

Extended Play a.m. is \$ 25.00. Extended Play p.m. is \$ 20.00.

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

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 1st, 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 _____