

# Enrollment for Theater Plus! – February 2010

Camper's First Name \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in school \_\_\_\_\_ School \_\_\_\_\_

Parent Email Address \_\_\_\_\_ Parent Contact Phone (     ) \_\_\_\_\_

**All campers:** What would you like to focus on?

*(Campers will be work on all areas of performance, but may choose an area to focus on, if they wish.)*

- \_\_\_\_\_ Acting
- \_\_\_\_\_ Singing
- \_\_\_\_\_ Dancing
- \_\_\_\_\_ All of the above!

**Campers in 9<sup>th</sup> and 10<sup>th</sup> grade:** In addition to the regular camp activities, would you like to participate in the *Introduction to Directing* component? \_\_\_\_\_

## Emergency Contact Information

Parent/Guardian # 1:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Parent/Guardian #2:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Friend/Relative:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies or physical limitations that your child has:

Is there anything else you would like us to know about your child?

I hereby request that the person enrolled above be admitted to Theater Plus! And authorize the Director to act for me according to her best judgment in any emergency requiring medical attention other than that maintained by Theater Plus!, for which service I shall pay. Participants are responsible for property damage and may be sent home without refund for violation of camp rules.

Signature of Parent/Guardian (NOTE: Application must be signed.)

Mail this application with check/money order. A non-refundable deposit of \$50 is required to enroll.