

# Music Theater Camp Registration

We are excited to wrap up the summer with a week of celebrating faith, music and drama with your children!

Name: (1) \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

T-shirt: Child sizes: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ Adult sizes: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

Name: (2) \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

T-shirt: Child sizes: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ Adult sizes: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

Name: (3) \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

T-shirt: Child sizes: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ Adult sizes: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

Guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_  None

Name of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Before June 15, 2009

1 child = \$170  
2 children (\$160 each child) = \$320  
3 children (\$140 each child) = \$420  
4 children (\$120 each child) = \$480

## After June 15, 2009

1 child = \$190  
2 children (\$170 each child) = \$340  
3 children (\$155 each child) = \$465  
4 children (\$130 each child) = \$520

**Please make checks payable to "St. Clare's"  
with a memo notation for "Music Theater Camp"**

St. Clare's Episcopal Church  
2309 Packard Road  
Ann Arbor, Mi 48104  
734.662.2449

## Music Theater Camp Permission Form

\_\_\_\_\_, (Youth's name) has my permission to attend and to participate in the Musical Theater Camp to be held at St. Clare's Episcopal Church, Ann Arbor, MI August 31-September 5, 2009. I represent that my child is healthy and capable of participation in said event without causing risk of danger, illness or accident to himself/herself, or to others. In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately, or because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. I hereby grant permission churches in the Huron Valley Deanery to use the candid photos of my child taken as part of the retreat experience in promotion of future events and on their websites and printed materials. I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not. **(NOTE: The Sponsors of this event DO NOT provide insurance in case of injury or illness.)**

Health Carrier/Policy #/Group #: \_\_\_\_\_  
(Note: Please attach copies of both sides of insurance card to permission form.)

Health Carrier Address/Phone #: \_\_\_\_\_

Allergies/Reaction/Treatment: \_\_\_\_\_

Medical conditions/Medicines currently taken: \_\_\_\_\_  
(Note: Prescribed Meds must be in original pharmacy container with correct name, date, instructions, and physician's name on label)

Any over the counter medication that the participant **MAY NOT** receive from adult sponsor:  
(i.e. Tylenol, Advil, Kaopectate, etc.) \_\_\_ NO \_\_\_ YES  
If YES to may not receive, please list \_\_\_\_\_

I want my child to be signed out by me or the person I have designated. \_\_\_\_\_  
Designee \_\_\_\_\_

Printed name of parent or guardian: \_\_\_\_\_

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