

# Boerne Community Theatre 2009 Summer Theatre Camp Application

**Please select camp session(s) to be attended:**

\_\_\_\_\_ Session 1 – June 15-28, 2009 (Teens in Tinseltown) at Boerne Community Theatre

\_\_\_\_\_ Session 2 – July 6-19, 2009 (Romeo and Harriet) at Geneva School of Boerne

\_\_\_\_\_ Session 3 - August 10-23, 2009 (Friday Knight Fever) at Boerne Community Theatre



I understand that my child must be available to participate in all daily camp activities and performances. I will not schedule any appointments, early releases or late arrivals for my child during theater camp, and my camper will be available to perform in all three performances the final Friday, Saturday and Sunday of camp. My signature below confirms that I agree to comply with these policies.

Parent/Guardian signature: \_\_\_\_\_

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  M  F Age at start of camp: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Shirt size:  Youth S  Youth M  Youth L  Adult S  Adult M  Adult L  Adult XL

Please list ALL acting experience your camper has (including school or studio classes, performances, etc.):

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Please list ALL singing experience your camper has (including choirs, individual vocal instruction, musicals, etc.):

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Vocal part:  Soprano  Alto  Tenor  Bass  I don't know Can your camper read music?  Yes  No

Has your camper had a solo small group singing part before?  Solo  Small Group  Both  None

Does your camper have any dance experience?  Yes  No If yes, check all that apply:

Tap  Jazz  Ballet  Hip Hop  Modern  Gymnastics  Character

Cultural  Ballroom  Country & Western  Clogging  Pointe  Social

Please list ALL dance experience your camper has (including studio, type of dance studied and for how long, recitals, etc.):

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Please list any special talents or skills your camper has (including painting, drawing, designing, building or constructing things, dialects or accents, acrobatics, character voices, languages spoken, instruments played, etc.):

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**Please print neatly! We need to be able to read the following in order to send you information!**

Parent(s) or guardian(s) name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home phone number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Parent's work phone: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Parent's cell phone: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Emergency contact's name: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Names & phone numbers of persons (other than parents/guardians and emergency contact) authorized to pick my child up from camp:\*\* If you do not list anyone below, parents/guardians listed above will be the **ONLY** people authorized for pick up\*\*

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Medical Information – Must be completed and signed or we cannot process your camper's enrollment!**

All information will be held in strictest confidence. The welfare and safety of our children is of utmost importance to us. So we can make informed decisions in case of emergency, please complete the following:

Child's primary physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Please list ALL learning disabilities, food allergies, medical, physical, mental conditions, or anything we need to be aware of.

\_\_\_\_\_

In case of emergency, we will make every effort to contact you. If necessary, however, do we have your permission to seek medical attention, including emergency services?

Yes

No

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Liability**

*I hereby release Boerne Community Theatre officers, employees, agents, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source which might occur while participating in this event. I am aware of the risks of participation, which include, but are not limited to, injury due to physical activity. I understand that participation in this program is strictly voluntary and I freely chose to have my child participate. I understand that the theatre does not provide medical coverage for my child. I verify that I will be responsible for any medical costs that incur as a result of my child's participation.*

\_\_\_\_\_  
Parent/Guardian's Signature Date

**Please enclose a check for \$300 per child, per session, payable to Boerne Community Theatre (place your camper's first and last name next to the "for" section of the check); a recent photo of your camper (any photo will do as long as your camper can be clearly seen in the picture); and this signed and completed application form.**

**Mail to: Carol Bidus, Boerne Community Theatre, P.O. Box 891, Boerne, TX 78006. Refunds less \$25 processing fee will be given for cancellations made no less than two weeks prior to the first day of camp. For additional information, call 830-249-2738.**