

Boerne Community Theatre

2010 Summer Theatre Camp Application



Please select camp session(s) to be attended:

_____ Session 1 – June 7-20, 2010 (*Mirror Image*) at Boerne Community Theatre

_____ Session 2 – July 12-25, 2010 (*Summer's in the Air*) at Geneva School of Boerne

_____ Session 3 - August 2-15, 2010 (*Night at the Wax Museum*) 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 (circle one): *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.):

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

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

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

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

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.):

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: (_____) _____ - _____

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 (circle one)? *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 \$325 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) and this signed and completed application form. Mail to:

**Patricia Hausman
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 830-249-9166.