

Boerne Community Theatre

907 E. Blanco Road Boerne TX 78006

2024 Summer Camp Application

Each camp session is \$400 per person

Payment plans are available.

Camper's First Name: _____ Last Name: _____

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

Shirt size (**CIRCLE ONE**): Youth M Youth L Adult S Adult M Adult L Adult XL

PHOTO AND PUBLICITY WAIVER – please initial below:

_____ I **GIVE** permission for my child's image to appear in BCT publications, Facebook page or on the BCT website.

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): _____

EMAIL address: _____

Contact phone number: (____) _____ - _____ Alternate phone number: (____) _____ - _____

Mailing address: _____ City/Zip: _____

Emergency contact's name: _____ Phone number: (____) _____ - _____

Please select camp session(s) to be attended:

MUSICAL THEATRE CAMP for kids ages 9-13 years old

_____ Session 1 – June 10-23, 2024 *Rockin Tale of Snow White*

_____ Session 2 – July 22-August 4, 2024 *Creepy Creeps of Pilgrim Road*

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 camp. My camper will be available to perform in all three performances the final Friday (evening) and Saturday (evening) and Sunday (matinee) of camp. My signature below confirms that I agree to comply with these policies.

Parent/Guardian signature: _____

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 may need to be aware.

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 Board, 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 \$400 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.