



2008 CAMP APPLICATION

For Office Use Only:
Rec'd
PC
AP

A. CAMPER INFORMATION (PLEASE PRINT CLEARLY)

Name
Date of Birth
Male
Female
Address
City
State
Zip
Home Telephone
Parent E-mail
Child E-mail
School
Grade
Parent's/ Guardian's Name (s)
Cell Telephone
Office Telephone
Emergency Contact
Telephone
Has your child participated in previous Camp Broadway Programs, if so which programs?

Camper T-Shirt Size (circle one): Child 10/12 Child 14/16 Adult S Adult M Adult L Adult XL

B. 2008 PROGRAM REGISTRATION INFORMATION-TUITION \$1150.00

Register and pay in a full single payment before February 1, 2008 to receive the discount rate of \$1050.00
Session 1: Mon, July 14 to Fri, July 18, 2008
Session 2: Mon, Aug 4 to Friday, Aug. 8, 2008

Camp Broadway (Ages 9-11)

Check this box If you want to be placed with a friend or relative who is the same age. Please carefully read the details of this offer on our website. It is only available until February 1, 2008.

Friends Name:

C. PAYMENT INFORMATION

- 1. Full Payment is Enclosed (via check or credit card): Amount \$
2. Deposit Enclosed: Amount \$ (50%) Balance Due \$ (50%)

THIS PROGRAM MAKES A GREAT HOLIDAY GIFT! REGISTER BEFORE 12/15/07 AND REQUEST A CAMP BROADWAY T-SHIRT FOR UNDER THE TREE!

A second payment for the balance is due four (4) weeks prior to the program. No invoice or other reminder will be issued.

3. Payment Method: Check (payable to Camp Broadway) MasterCard Visa American Express
Account #
Expiration Date
Billing Address
City
State
Zip
Name As Listed On Card
Signature
Date

PLEASE FILL OUT APPLICATION AND SEND IT TO:

CAMP BROADWAY - APPLICATIONS, 336 WEST 37TH STREET - SUITE 460, NEW YORK, NY 10018

*CAMP BROADWAY Disclaimer: Deposits - A minimum deposit of 50% is due at the time of application. The balance of registration is due not less than four (4) weeks prior to the beginning of the Camp Broadway session. Personal Checks - Make checks payable to: Camp Broadway. Be sure to include the Camper or Participant's name and session(s) the check is to be applied towards. Note: A \$25 processing fee will be applied towards all returned checks. Returned checks will not be re-deposited and replacement personal checks cannot be accepted. Payment can be made by credit card or money order. International checks - A \$20 processing fee is due for international checks or foreign currency conversion payments. Refunds - If you need to cancel after being accepted into Camp Broadway, your deposit is refundable minus a \$50.00 handling fee. Due to the extensive preparations, Camp Broadway cannot offer refunds within one month of, or during, the program.

336 West 37th Street - Suite 460, New York, NY 10018
Telephone: (212) 575-2929 Fax: (212) 575-3125
www.campbroadway.com info@campbroadway.com



2008 APPLICATION FORM

Tell us a little about yourself by answering the following questions on a separate piece of paper. (If you are a returning camper, you do not need to fill out this section, unless you have new information to share with us):

1. Do you take any classes in the performing arts or play a musical instrument? Yes No
If so, describe your activities.

2. Have you ever been involved in a play or musical in your school or community theater? Yes No
If so, describe your experience.

3. What area(s) of the performing arts (e.g., performing, costume or scenery design, stage management, choreography, etc.) most interest(s) you? What do you want to learn about this area?

4. Have you ever seen a professional production of a play or musical? Yes No
If so, what show(s) have you seen?

5. What are your favorite shows and why?

6. Do you aspire to work professionally in the performing arts industry? Yes No
If so, how?

7. Why do you want to attend **CAMP BROADWAY**[®]?

8. Please tell us about your school.
School Name _____ City _____ State _____
School Address _____
City _____ State _____ Zip _____ Phone: _____
Teachers Name: _____

9. Would your teacher like to be included on our Gold Star Educator Mailing List Yes No
If yes, please provide your instructors email address: _____



2008 MEDICAL RELEASE

CAMP BROADWAY is committed to providing individual attention to each camper who attends our program. To ensure the good health and safety of your child, please complete and return this form. Children will not be permitted to begin class without a signed medical release. Thank you for your cooperation.

Camper Name _____

Birthdate _____ Parent/Legal Guardian _____

Day Telephone () _____ Eve. Telephone () _____

Emergency Contact _____ Relationship to Camper _____

Day Telephone () _____ Eve. Telephone () _____

Family Doctor _____ Telephone () _____

Does your child wear glasses and/or contacts? _____

Please list physical injuries or chronic health problems that we should be aware of, e.g. asthma, epilepsy, knee injury, etc.: _____

Please list any medical restrictions or allergies: _____

Please list any food allergies or dietary restrictions: _____

Please list any medications your child is taking or any other information that we should be aware of: _____

If your child needs assistance to take any medication, please initial below, giving us permission to administer the medication. Please provide a copy of the physician's prescription and enough medication **in its prescription bottle** for the entire week of camp. Also include additional instructions, if any, for administering the medication.

Parent/Guardian Initials: _____

Instructions: _____

If your child needs to take an aspirin or Tylenol, please initial below, giving us permission to administer the medication: _____



If a medical emergency occurs which involves the need to take your child to a doctor or the hospital emergency room, and we cannot reach you, we must have your written permission for us to seek medical attention or the doctor will not see the child. All efforts will be made to contact you or the emergency contact person listed above.

We also need the following information:

Do you have medical insurance covering your child? _____

If so, what is your insurance company? _____

Policy Number _____

Please sign the following statement:

The information in this release is correct as far as I know. My child has permission to take part in all Camp Broadway activities. I understand that every attempt will be made to contact me in case of an emergency. In the event I cannot be reached, I give consent to emergency transportation, x-rays, medical treatment(s), surgery or dental care for my child. I agree to assume responsibility for charges so incurred.

Parent of Legal Guardian (Print Name) Date _____

Parent or Legal Guardian (Signature) Date _____

Please have your doctor sign the following statements:

I, the undersigned, have examined the above named child and found them to be in good health and able to participate in all CAMP BROADWAY classes, workshops and entertainment activities.

Doctor (Print Name) Date _____

Doctor (Signature) Date _____

Please attach the vaccination records for your child.



2008 SIGN-IN RELEASE

CAMP BROADWAY is dedicated to providing an informative and entertaining experience for your child. Camp Broadway maintains constant adult supervision for all activities.

Camper Name _____

By enrollment in this program, I _____ (parent/legal guardian)
grant CAMP BROADWAY permission to:

- take my child on an off-site field trip that may include, but is not limited to, a supervised walking tour.
- take photographs, and/or make video or audio recordings of my child, and use them in connection with the promotion or publicity for Camp Broadway.

I agree that neither Camp Broadway, nor any of its employees, independent contractors, directors and/or officers will be held liable for any injury which may occur to my child while attending Camp Broadway. This includes, but is not limited to, any activities in which he/she may participate including classes in singing, acting, dancing, physical comedy, stage craft, theatrical mask work, warm-up exercises and/or meals. I hereby release Camp Broadway and their respective employees, independent contractors, directors and/or officers from any and all legal or financial claims.

Parent of Legal Guardian (Print Name) Date _____

Parent or Legal Guardian (Signature) Date _____



2008 SIGN-OUT RELEASE

CAMP BROADWAY ends each day at 5:30 pm. In order to insure the safety of all of our campers, we will not release a child to anyone other than a parent or legal guardian, unless authorized to do so in writing. Please complete this portion of the registration by filling out the section that applies to you.

Camper Name _____ Telephone () _____

I will be picking up my child at the end of each day.

Name _____ Telephone () _____

I give the following person/s permission to pick up my child.

Name _____ Telephone () _____

Name _____ Telephone () _____

My child has permission to leave Camp Broadway on his/her own.

Name _____ Telephone () _____

I, the undersigned, am aware and agree that once my child leaves INSERT THEATRE NAME HERE, CAMP BROADWAY is no longer responsible for his/her whereabouts, actions or welfare.

Parent or Legal Guardian (Print Name) Date _____

Parent or Legal Guardian (Signature) Date _____

Note: If you are visiting from out of town, please make sure to inform the staff where you can be reached. Thank you.