



For Office Use Only:	
Rec.	_____
Method	_____
Amt.	_____

**2008 CB2 APPLICATION**

**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**

CB2 (Ages 12-14)

CB2 (Ages 12-14)

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 37<sup>TH</sup> 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 37<sup>th</sup> 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**<sup>®</sup>?
  
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

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**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.