



For Office Use Only:	
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## 2010 National Tour Camp Application

### NEW YORK, NEW YORK

### **CAMPER INFORMATION (PLEASE PRINT CLEARLY)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_

Parent's/ Guardian's Name (s): \_\_\_\_\_

Parent's/ Guardian's E-mail: \_\_\_\_\_

Cell Telephone: (\_\_\_\_) \_\_\_\_\_ Office Telephone: (\_\_\_\_) \_\_\_\_\_

How did you hear about us?  Blog  Website  Ad  Workshops  Other \_\_\_\_\_

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

Check this box if you would like 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 May 15, 2010.

Friend's Name: \_\_\_\_\_

Have you previously attended a Camp Broadway Program? If so, what year(s) and in what city? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

### **Please tell us about your school.**

School Name: \_\_\_\_\_ School Phone: (\_\_\_\_) \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Teachers Name: \_\_\_\_\_



**2010 PROGRAM REGISTRATION INFORMATION – Tuition: \$1195**

Participant Name: \_\_\_\_\_

Session (please check one):       July 12 – 16, 2010       August 2 – 6, 2010

**PAYMENT INFORMATION**

- 1.  Full Payment is enclosed (via check or credit card): Full Tuition **\$1195**
- 2.  Deposit Enclosed: Amount \$\_\_\_\_\_ (minimum 50%) Balance Due \$\_\_\_\_\_

*Balance is due no later than **four (4) weeks prior to the first date of 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 be sure to include the Camper or Participant's name and session(s) on the check.***

**IF FAXING, SEND TO (212) 575-3125. ATTENTION: APPLICATIONS**

**IF MAILING, 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 no less than four (4) weeks prior to the beginning of the Camp Broadway session. 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 then 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** – Refunds are available up to four (4) weeks prior to the start date of the program, minus a one-hundred dollar (\$100.00) handling fee. Due to the extensive preparations and fixed costs, Camp Broadway *cannot* offer refunds four (4) weeks prior to the start date of the program; nor will refunds be offered during the time of the program.



2010 MEDICAL RELEASE

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

Participant Name: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Day Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_

Family Doctor Name: \_\_\_\_\_ Doctor Telephone: ( ) \_\_\_\_\_

Does your child wear glasses and/or contacts? \_\_\_\_\_

Physical injuries or chronic health problems e.g. asthma, epilepsy, knee injury, etc.: \_\_\_\_\_

Medical restrictions or allergies: \_\_\_\_\_

Food allergies or dietary restrictions: \_\_\_\_\_

Currently prescribed medications: \_\_\_\_\_

Please list any other special needs or conditions that your child may have: \_\_\_\_\_

Is Camp Broadway authorized to give your child Tylenol or Advil in the event that he or she is not feeling well?
\*Note: Camp Broadway staff will not administer medication without first speaking with parent/guardian or emergency contact.

Yes [ ] No [ ] If Yes: Tylenol [ ] Advil [ ] Either is fine [ ]

Note: If a medical emergency occurs which involves the need to take your child to a doctor or the hospital emergency room, we must have parental or guardian consent for us to seek medical attention; otherwise, the medical staff will not treat your child. All efforts will be made to contact you or the emergency contact person listed above. A written consent form to treat your child is provided in section II of the Camper Release Form.

Do you have medical insurance covering your child? Yes [ ] No [ ]

If yes, what is your insurance company? \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_ Member Number: \_\_\_\_\_



## 2010 SIGN-OUT RELEASE

CAMP BROADWAY ends each day at 5:00 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.

Participant Name \_\_\_\_\_

### 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 ( ) \_\_\_\_\_

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

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**My child has permission to leave Camp Broadway on his/her own:** Yes  No

Parent Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
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I, the undersigned, am aware and agree that once my child leaves CAMP BROADWAY is no longer responsible for his/her whereabouts, actions or welfare.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian (Print Name)

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian (Signature)

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



## 2010 Camper Release Form

Please read carefully, then sign and date the following statements.

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

Participant 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 and Camp Broadway-related programs.

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.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent of Legal Guardian (Print Name)

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian (Signature)

**II.** 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.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent of Legal Guardian (Print Name)

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian (Signature)



Participant Name: \_\_\_\_\_

**III. 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.

\_\_\_\_\_ Date: \_\_\_\_\_  
Doctor (Print Name)

\_\_\_\_\_ Date: \_\_\_\_\_  
Doctor (Signature)

**IV. Prescription Medicine**

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.

Instructions: \_\_\_\_\_  
\_\_\_\_\_

Parent Initials: \_\_\_\_\_

**V. Conflicts**

Please be aware that full attendance throughout the entire week of Camp is strongly advised. Any absence or early dismissal, including but not limited to illness, may result in your child not being able to participate in portions of the final show. Please list below any foreseeable conflicts during the week of Camp.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_