



For Office Use Only:	
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2010 Summer Camp Application

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

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

Refer-A-Star Program: Did someone specifically recommend our camp to you? They are eligible for a gift.

Name: _____ Telephone: (____) _____
 Email: _____

Please tell us about your school.

School Name: _____ School Phone: (____) _____
 School Address: _____ City: _____
 State: _____ Zip: _____ Teachers Name: _____

Would your teacher like to be included on our Gold Star Educator Mailing List Yes No

If yes, please provide your instructor's email address: _____

List your **Audience Rewards** membership number if you have one to receive 1,000 points:



2010 PROGRAM REGISTRATION INFORMATION-TUITION \$1,195.00

Session 1: Mon, July 12 to Fri, July 16, 2010 **Session 2:** Mon, Aug 2 to Friday, Aug. 6, 2010

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 April 15, 2010.

Friend's Name: _____

PAYMENT INFORMATION

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

Be sure to include the Camper or Participant's name and session(s) the check is to be applied towards.

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

IF MAILING, 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. 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 \$100.00 handling fee. Due to the extensive preparations and fixed costs, Camp Broadway cannot offer refunds within one month of, or during, the program.



2010 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: _____ Birthday: _____

Parent/Legal Guardian Name: _____

Day Telephone: () _____ Evening Telephone: () _____

Emergency Contact Name: _____

Relationship to Camper: _____

Day Telephone: () _____ Evening Telephone: () _____

Family Doctor: _____ 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: _____

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

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? Yes No

If yes, what is your insurance company? _____

Policy Number: _____



2010 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 () _____

Name _____ Telephone () _____

Name _____ Telephone () _____

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

Parent Name _____ Telephone () _____

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.

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.

_____ 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)



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.

