



SUMMER MUSICAL THEATRE CAMP 2018

Application & Registration

(PLEASE PRINT)

Name In Full: _____

Address: _____

Telephone Number: _____ Cell Telephone # _____

E-mail address: _____ Date of Birth: _____

In the case of an emergency, please contact _____

Member of Showcase: Yes No Camp Fee: _____

If No, Do You Want To Be A Member: Yes No Fee Paid on: _____

Participation by individuals under the age of 12 requires the written consent of the parent or guardian. Please read and agree to the following conditions:

I agree with my child participating in the Summer Musical Theatre Camp offered by **SHOWCASE PRODUCTIONS SOCIETY**

I, or my spouse, will be in a position to provide assistance to this production in the form of _____

I hereby give consent to **SHOWCASE PRODUCTIONS SOCIETY** to provide for transportation, and the ability to give medical consent, in the event of an accident during his/her time at camp.

Date Signature of Parent or Guardian

MEDICAL INFORMATION

Family Doctor: _____ Telephone (if known): _____

Medical Health Card # _____ Health Condition: _____

Any known allergies:

Other pertinent information:

Registered by _____