



This year's camp will present

2016 REGISTRATION FORM

(Please print neatly. If you are registering more than one child, please complete a separate form for each child.)

Child's Name: _____ Child's Birthdate: _____

Parent/Guardian Name(s): _____

T-Shirt Size (circle one): S YM YL YXL AXS AS AM AL AXL AXXL
To purchase additional shirts, please indicate size and quantity (\$15/ea): _____

Address: _____

Parent/Guardian Phone: _____ Email: _____

Students will participate in workshops in various areas of theatre including improv, staging, vocal performance, choreography, set design, and technical classes; and will rehearse for a full staged performance, including music and choreography. Students must be available to attend all 3 weeks of camp and the showcase day.

Summer Camp attendees should be between the ages of 7-18. Camp runs Mon-Fri from 9:30am-3:00PM. Camp dates are June 29th-July 22nd. Note: There is no camp on July 3rd or July 4th.

*Would you be interested in before or after care for an additional \$75. Please specify: _____

CAMP COST + \$325

Early Bird Discount – \$25 (Register by Feb 28th)

Family Discount – \$25 (per child) (2 or more children from the same family)

Referral Discount – \$25 (Tell your friends – if they enroll, you get the discount)

TOTAL COST: _____

PAYMENT: \$50 nonrefundable deposit due with return of this completed form.

(Circle one) Charge my credit card: Visa MC AMEX Disc CC#: _____

Sec Code: _____ Exp: _____/_____ or _____ Check enclosed, made payable to Levoy Theatre

Balance of total cost will be due by June 22nd.

*PLEASE NOTE: Audition dates will be June 19th, 20th, and 21st. You will be contacted to schedule an audition time. Auditions are not mandatory. If you register for camp after June 22nd, you will not be able to audition and will be placed in the ensemble of our final camp production.

Please call for information regarding tuition assistance and scholarship!

Please return this completed form by mail to Levoy Theatre, PO Box 678, Millville, NJ 08332, Attn: Summer Camp or stop by our box office Tuesday – Saturday 10AM to 6PM. Do not mail cash.



SUMMER CAMP
Medical Emergency Release Form

Name of Student: _____

Name of Family Doctor: _____ Office Phone: _____

List any information that you believe is pertinent to the instructors or medical emergency personnel.

Allergies to medications: _____

Other Allergies (bee stings, diet, etc.): _____

Special Needs or Other Comments- (Please alert us to any conditions that may make learning challenging such as ADD, ADHD or any behaviors on the autistic spectrum. All information is strictly confidential and allows us to provide the best experience for all campers.) _____

Parent signature _____

Date _____



LEVOY THEATRE SUMMER CAMP Emergency Contact Form

Child's Full Legal Name: _____
 Street Address: _____ City/State/Zip: _____
 Mother/Guardian's Name: _____
 Father/Guardian's Name: _____
 Home Phone: _____ Alternate Phone: _____
 Mother's E-mail Address: _____ Mother's Cell Phone #: _____
 Father's E-mail Address: _____ Father's Cell Phone #: _____

Please list TWO additional Emergency Contacts:

1. _____ Phone #: _____
2. _____ Phone #: _____

Please list four other people (other than yourself) who are authorized to pick up your child. If a person comes to pick up your child and they are not on the list, your child will not be released. You must submit a signed letter if you would like to add anyone to this list in the future.

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____
4. _____ Relationship: _____

My child has our permission to sign themselves out and leave Levoy Theatre unaccompanied at the end of each camp day. Please check: **Yes** _____ **No** _____

In consideration of my child participating in this summer camp program, I _____, on behalf of myself, my heirs, personal representatives, and all those claiming by or through me consent to, and so hereby discharge and release and forever hold harmless The Levoy Theatre Preservation Society, Inc. dba The Levoy Theatre and their affiliates, sponsors, agents, servants, employees, assigns, successors, and heirs and any facility at which events are held, from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death), and property lost or damage of whatever nature or cause, incurred by me (or my child) arises out of or any conjunction with my (or my child's) participation in the aforementioned event. I hereby consent that I am of legal age and have read and understand the contents of this consent and release.

I give permission for the above-mentioned child to attend camp and workshops at the Levoy Theatre. I agree that the Levoy Theatre will not be liable if injury to the student occurs during the said class and/or time spent in the Theatre before and after class. In event of a medical emergency, Levoy Theatre has my permission to call for medical emergency assistance and if required, to allow my child to be transported to an emergency room by medical professionals. The Levoy Theatre will notify me or persons listed above if an emergency arises and what actions is being taken at that point.

Signature of Parent or Guardian Named Above _____

Printed Parent or Guardian Named Above _____



LEVOY THEATRE SUMMER CAMP

Rules & Regulations

Conduct While Attending Camp:

At the Levoy Summer Theatre Camp, we work to maintain an atmosphere of caring, respect, understanding, comradery, and enjoyment at the Summer Camp. However, the safety of all camp participants, teachers, and staff come first.

Proper participation and conduct by your child is expected and includes the following rules:

1. Respect other's feelings, property, or personal items.
2. Work with each other as a team.
3. Listen to your teachers/counselors.
4. No fighting, yelling, cursing , or bullying will be tolerated whatsoever.
5. Tell a teacher/counselor if someone/something is bothering or upsetting you.
6. Clean up after yourself.
7. But most importantly, have fun!

Our staff supervises all Summer Camp activities and helps our campers to resolve conflicts and problems as they come up. Behavioral redirection is seen as an opportunity for learning and approached accordingly. However, if a child continually disrupts the program, or poses a safety risk to themselves or others, then a written behavioral notice will be sent home to the parent/guardian explaining the issue to be addressed. In the event that two written behavioral notices are sent home during the course of the camp, the Levoy Theatre reserves the right to dismiss the child from the camp without refund or reimbursement.

Clothing:

Since our campers will be participating in a variety of activities during the course of summer camp, children must wear both comfortable and moveable clothing to camp. T-shirts, shorts, sweatpants, sneakers with socks would all qualify as appropriate summer camp attire. Sandals/flipflops are not permitted and pose a safety issue to those moving around the stage. Bare or socked feet will not be permitted on the stage. Parents/Guardians should use discretion when dressing their children for camp. Inappropriate clothing may result in the child sitting out from certain activities.

Pick-up/Drop-Off & Dismissal:

A parent/guardian will be expected to sign their child in for each session. Children may not arrive unattended. Each day at the conclusion of the session, children will be dismissed to their parent/guardian. Your child will only be dismissed to the people you have listed on the Summer Camp application. A parent/guardian will be expected to sign out their child each day, unless otherwise noted. If you need to pick your child up prior to normal dismissal time, please notify camp staff during that day's drop-off time and we will insure you child is ready for you at your designated pick-up time.

I have read and reviewed these rules with my child.

Parent/Guardian's Signature: _____ Date: _____



LEVOY THEATER SUMMER CAMP Photo Release Form

I hereby consent to the collection and use of my child's image by photography or video recording.

I acknowledge these may be used on the Levoy Theatre's website, in newsletters, and publications as well as distributed to members or on social media.

I further acknowledge that my child's image may be used by the Levoy Theatre Preservation Society to promote the Levoy Theatre in the future.

I understand that no personal information, such as names, will be used in any publications or online mediums unless my express consent is given.

Child's Name: _____

Parent/ Guardian's Name: _____

Parent/Guardian's Signature: _____

Levoy Theater Summer Camp

BIO FORM

Please complete the below form for your child and send back with other registration documents. Please write the biography in third person form. Feel free to include age, school, previous performances, other interests, and special thank-you's. The bio should be written in third person form.

***Example:** Bobby Smith is an eight year old from AnyTown, USA. He attends AnyTown Elementary School. When not onstage, other interests include playing with his dog, Skip, practicing the piano, and playing tee ball. He would like to thank his Mom, his dog, Skip, and his brother for their support!*

Name _____

Biography _____
