

Registration Form

CAMP BROADWAY 2020

Learn More: www.TheatreWinterHaven.com | 863-294-7469 ext. 1

OFFICE USE:

Date Rec'd _____

Confirmed _____

Info Sent _____

Med/Rel _____

SIGN UP:

STUDENT'S NAME _____

DATE OF BIRTH _____ GRADE COMPLETED _____

CONTACT PHONE _____

EMAIL _____

STREET ADDRESS _____

CITY _____ ST _____ ZIP _____

EMERGENCY CONTACT INFORMATION:

PARENT/GUARDIAN _____ RELATIONSHIP _____

PARENT/GUARDIAN _____ RELATIONSHIP _____

DAYTIME PHONE # _____

EMAIL _____

SELECT THE WEEK(S) YOU WISH TO ENROLL IN:

- June 15 - 19, 2020
- June 22 - 26, 2020
- July 6 - 10, 2020
- July 13 - 17, 2020
- July 20 - 24, 2020
- July 27 - 31, 2020

9am-4pm
Monday-Friday
\$165 Per week

In these one-week mini-workshops, campers will study the musical theatre styles of some of their favorite Broadway productions.

SAFETY MEASURES

Summer Camps will have additional protocols in place to ensure we have a safe and healthy camp environment.

Limited classrooms sizes.

Staff/Instructors required to wear masks

Touchless temperature checks.

Social Distancing

Continuous deep cleaning of facility.

I'm interested in a:

- PAYMENT PLAN** (Optional)
- *SCHOLARSHIP**

SEND REGISTRATION FORM TO:

Theatre Winter Haven Academy
P.O. Box 1230 Winter Haven, FL 33882

MEDICAL & PHOTO RELEASE:

Fill out the Medical & Photo Release on the next page.

***SCHOLARSHIP** See separate scholarship form and contact SaraBeth@TheatreWinterHaven.com for more details

BOX OFFICE USE ONLY:

DATE REC'D _____	SCHP	QB	AP	FP
PYMT#1 _____	PYMT2# _____	PYMT3# _____		

***As a COVID-19 precaution, anyone entering the facility during Broadway Camps, will undergo a temperature check.**

Today's Date: _____

Emergency Information and Media Release

Student's Full Name: _____ Birthdate: _____

Parent/Guardian Names: _____ Day Phone: _____

IN CASE OF EMERGENCY:

If we are unable to reach the above guardian, who would you like us to contact:

- 1) Name: _____ Relationship: _____ Day Phone: _____
- 2) Name: _____ Relationship: _____ Day Phone: _____
- 3) Name: _____ Relationship: _____ Day Phone: _____
- 4) Name: _____ Relationship: _____ Day Phone: _____

If an emergency arises that requires your child to leave during camp hours and you are unavailable to pick them up yourself, who do you give permission to pick up your child:

- 1) Name: _____ Relationship: _____ Day Phone: _____
- 2) Name: _____ Relationship: _____ Day Phone: _____
- 3) Name: _____ Relationship: _____ Day Phone: _____
- 4) Name: _____ Relationship: _____ Day Phone: _____

Does your child have any allergies or chronic illnesses? No Yes

If Yes, please indicate type of allergy, reaction, and any special instructions we need to be aware of:

Is your child taking any medication during our regular camp day? No Yes

If Yes, please indicate proper names of medications, dosages, and reasons for taking:

Theatre Winter Haven Academy wants to give each child the best experience possible. If your child has any physical and/or emotional limitations please let us know in the space provided below. This information will be kept in strict confidence, but will greatly assist us in coaching your child to the best of their ability, and will also help us to meet their individual needs:

Any other comments you would like to share with us about your child?

Medical Release:

I, the undersigned parent or guardian of the above named minor, do hereby authorize the staff of Theatre Winter Haven as agents for the undersigned to give consent to medical treatment in an emergency.

Photography and Video Release:

By my child's participation in Theatre Winter Haven programs, I consent to the reproduction and/or use of any and all photographs, videotapes, films, or other recordings of my child for advertising, promotional or other purpose by Theatre Winter Haven (without compensation to my child or me).

Signature of Parent/Guardian _____ Date: _____