



Camp Medical, Travel & Information Release Form
(must be accompanied by Camp Registration Form)

CHILD'S NAME PHONE

STREET ADDRESS CITY ZIP

GRADE SCHOOL BIRTHDATE AGE

EMAIL HOW DID YOU HEAR ABOUT US?

WHO TO CONTACT IN CASE OF AN EMERGENCY: (please indicate 1st and 2nd contact)

Mother's Name (cell/work phone)

Father's Name (cell/work phone)

Other - Name Relationship Phone

NAMES OF PERSONS, OTHER THAN PARENT, TO WHOM CHILD MAY BE RELEASED:

Name Relationship Phone

Name Relationship Phone

IS THERE ANY SPECIAL CIRCUMSTANCE THAT WE SHOULD BE AWARE OF?

MEDICAL INFORMATION:

Known medical problems/special concerns

Allergies

Medications

(Standing Ovation Performing Arts is NOT permitted to administer medications)

Physician's name Phone

Address Office Hours

Hospital preferred for emergency treatment

Health Insurance Company

I, hereby give permission to Standing Ovation Performing Arts to secure emergency medical and surgical treatment and routing, non-surgical medical care at the most available medical facility for a minor child, while under the supervision of Standing Ovation Performing Arts. I also DO / DO NOT give permission for this child to travel on any fieldtrip associated with Standing Ovation camps and to travel in private vehicles and release all drivers from liability associated with travel.

X (Signature of parent/guardian) (Date)

I verify my child is in good health and that he/she is in good physical condition and able to participate in the activity for which he/she is enrolling and has not been advised otherwise by qualified medical personnel and that all of his/her immunizations are complete and up to date. I take full responsibility for his/her health while participating in programs and activities and acknowledge that the activity sponsored by Standing Ovation Performing Arts could be injurious and participant accepts his/her risk with full knowledge that some programs require the assistance of unscreened volunteers. Further, I expressly grant permission and assume full responsibility for my child's participation in any field trip and/or activity connected with the program registered for. I further agree that in the event of disciplinary action or the health of my child warrants dismissal from the activity, the child will be returned home at my expense. It is further warranted that if this form is signed by one of two parents or guardians, it is with the authority and consent of the other. The undersigned, on behalf of himself or herself, or as parent or guardian of such individual, assumes all responsibility for the above participant while enrolled in the activities sponsored by the Standing Ovation Performing Arts and with the respect to any actions taken in pursuance of such activities either before or after the activity. Moreover, it is agreed that Standing Ovation Performing Arts and its employees, contractors, students and volunteers shall not be liable nor responsible for any property damage and/or personal injury and/or other loss or damage suffered by the participant, on his or her own behalf, or as parent or guardian of participant, release and forever discharge each of such entities and persons from any and all actions, causes of actions, claims and demands with respect to any and all such damage, injury or loss. I hereby expressly permit said minor child to travel by public transportation or private automobile to activities and events related to camp activities and I release the driver of the vehicle from liability. I understand that it is my responsibility to notify Standing Ovation Performing Arts of any changes in health which may affect participant's participation. In the event of any injury, permission is hereby given to Standing Ovation Performing Arts and to the camp director to see that first aid and medical attention are given to the participant, at the discretion of the camp director, or his or her agent or employee in connection with the activity in question. The participant represents that he or she is in good physical condition and able to participate in the activity for which he or she is enrolling and the participant shall be responsible for his or her own health and acknowledges that the activity in which the participant is enrolling may be injurious, and participant accepts his or her risk with full knowledge that some activities require the assistance of unscreened volunteers. Photographs may be taken at certain activities, and, unless Standing Ovation Performing Arts receives signed, written objections, photos may be reproduced for publication.

X (Signature of parent/guardian) (Date) (Please continue to next page for dates...)



**CAMP REGISTRATION Summer 2010**  
 (must be accompanied by Camp Release Form)

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Registering Parent Name \_\_\_\_\_ 1st Contact # \_\_\_\_\_

I am registering the above named child for the following camp dates and optional extended care:

**DAY CAMPS 9:00 a.m. – 4:00 p.m. (\$45/day) \* LUNCH INCLUDED \* Optional Before & After Care Hours**

	9 a.m. – 4 p.m. \$45	BEFORECARE (optional)		AFTERCARE (optional)	
		7 a.m. – 9 a.m. + \$10	8 a.m. – 9 a.m. + \$5	4 p.m. – 5 p.m. + \$5	4 p.m. – 6 p.m. + \$10
Friday, February 26 <sup>th</sup>					
Friday, March 26 <sup>th</sup>					
Friday, June 4 <sup>th</sup>					
Monday, August 16 <sup>th</sup>					

**WEEKLY CAMPS- Monday-Thursday 9 a.m. – 4 p.m.; Friday 9 a.m. – 5:30 p.m. (with 5 p.m. Friday Performance)**

Camp themes are subject to change	9 a.m. – 4 p.m. \$210	BEFORECARE (optional)		AFTERCARE (optional)		LUNCH M-F Prepaid \$20 Or \$5/day
		7 a.m. – 9 a.m. + \$50	8 a.m. – 9 a.m. + \$25	4 p.m. – 5 p.m. + \$20 (NC Friday)	4 p.m. – 6 p.m. + \$40 (NC Friday)	
3/29-4/2 SPRING BREAK ONE ACT						
6/7-6/11 Film Acting						
6/14-6/18 Vocal						
6/21-6/25 Circus						
6/28-7/2 Percussion						
7/5-7/9 Magic						
7/12-7/16 Puppetry						
7/19-7/23 Mus Thtr						
7/26-7/30 Improv						
8/2-8/6 Film Prod						
8/9-8/13 One Act Play						

TOTAL: \$ \_\_\_\_\_ - DISCOUNTS: \$ \_\_\_\_\_ = TOTAL DUE: \$ \_\_\_\_\_ +\$25 Reg. Fee Deposit:\$ \_\_\_\_\_  
(10% sibling discount) (1st time students only)

SUMMER WEEKLY CAMP DISCOUNTS: A 5% early bird discount if registered with a deposit before 3/31/2010, 10% discount on all camps if registered for 6 or more camps, 15% discount on all camps if registered for 8 or more camps. Siblings receive a 10% discount on each sibling after the 1<sup>st</sup>.

A 50% **non-refundable** deposit is required upon registration. Space is not guaranteed until a deposit is received. If registering online, you will receive an e-mail confirmation of availability of camp dates. The camp balance is due 7 days before the camp takes place. For your convenience, you may complete the information below and we will automatically charge the card on file for your approved deposit when the balance is due. You may also mail your deposit and payments to Standing Ovation Performing Arts, 4953 Le Chalet Blvd. #4, Boynton Beach, FL 33436. Our fax number is 561.734.0187.

Please charge my credit card for the deposit for the above camps (50%) immediately and the balance 7 days before the 1<sup>st</sup> camp date. I understand that my deposit is non-refundable but I may cancel 7 days before the scheduled camp without being accountable for the balance.

Cardholder's Name \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_

Billing Address for Card (street and zip) \_\_\_\_\_ CVV \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_  Please charge my card on file