



Standing Ovation Performing Arts, LLC CAMP REGISTRATION FORM

Student Name (write on above line)	D.O.B.	Grade	Student's Cell (if applicable)
------------------------------------	--------	-------	-----------------------------------

Mother's Name (if student is under 18)	Mother's Cell #	Mother's Work #
--	-----------------	-----------------

Father's Name (if student is under 18)	Father's Cell #	Father's Work #
--	-----------------	-----------------

Home Phone #	@	*E-Mail (important for class updates and billing)
--------------	---	---

Mailing Address	City	FL	Zip
-----------------	------	----	-----

Emergency Contact (other than parents)	Relationship	Phone #'s
--	--------------	-----------

Please list any student medical conditions/allergies	T-Shirt Size
--	--------------

Student Acting/Theatre/Film/Dance Experience (attach resume if you have one)	How did you hear about us?
--	----------------------------

Circle Your Summer Camp Weeks:

6/9-6/13	7/7-7/11	8/4-8/8
6/16-6/20	7/14-7/18	8/11-8/15
6/23-6/27	7/21-7/25	
6/30-7/4	7/28-8/1	

of weeks (9 a.m. – 4 p.m.): _____ x \$200 **OR** # of extended care weeks (8 a.m. – 6 p.m.): _____ x \$250

Total Due: \$ _____

Due at Registration: \$ _____

Balance Due: \$ _____ (by 15th of month previous to camp dates)

Lunch Meal Plan \$20/week x _____ weeks: \$ _____ (due Monday of camp week)

I understand that camp registration is non-refundable and by enrolling in Standing Ovation Performing Arts, LLC programs, I agree to abide by all policies and procedures (posted online). I give permission for Standing Ovation Performing Arts, LLC to use the image or likeness of me or my child to be used for promotional material. I understand that in case of emergency, if I am unable to be contacted, I authorize staff to administer emergency action necessary. I/We as an individual or as the parent or guardian of the participants named herein, assume all hazards and risks incidental to the activities and release from responsibility and agree to indemnify and hold harmless Standing Ovation Performing Arts, LLC, its officers, directors, independent contractors, volunteers and all employees for any illness and injury to me or my family members occurring during his/her/our participation in any activities or use of any facilities at or conducted by Standing Ovation Performing Arts, LLC.

Parent/Legal Guardian Signature	Printed Name	Date
---------------------------------	--------------	------