



Great Lakes Theater Camp Registration Form

Please email registration forms to kflorian@greatlakes theater.org or mail to Kelly Schaffer Florian, 1501 Euclid Ave., Suite 300, Cleveland, Ohio 44115. New camp location! Berea-Midpark Middle School, located at 7000 Paula Dr., Middleburg Heights, OH 44130

All staff and campers must be fully vaccinated and boosted against COVID-19. Masks are required for all campers and staff, except while eating and drinking (subject to change). All face coverings must cover the nose and mouth and comply with CDC guidelines for acceptable face coverings. Please include a photocopy of your child's vaccination card with your registration.

Student Name: _____ Birth date: ___/___/___ Age at time of camp: _____

Parent/Guardian Name: _____

Contact phone #1 _____ cell home work

Contact Phone #2 _____ cell home work

Address: _____

City: _____ Zip: _____ Email: _____



Camper's T-shirt size: YS YM YL AS AM AL AXL

(late registrants are not guaranteed a t-shirt)



Check camp selection below:

Groundlings, Ages 5-8
9:30 am—12:00 pm, \$256

Upstart Crows, Ages 12-13
9:30 am — 3:00 pm, \$360

Jesters and Fools, Ages 9-11
9:30 am — 3:00 pm, \$360

Rude Mechanicals, Ages 14-18
9:30 am — 3:00 pm, \$360



Need your camper to arrive at camp early or stay late? We've got you covered!

Before Camp Care: 8:30-9:30 am, M-Th, \$40/week (4 days, may be prorated)

After Camp Care: 3:00—4:00 pm, M-Th, \$40/week (4 days, may be prorated).

\$ _____ TOTAL DUE - Due at time of registration: please enclose at least 50% of your total payment (per child). Full payment will also be accepted.

Your balance is due **May 9th**. If you should decide to cancel prior to May 9th you will receive a refund minus 20% of your camp week's total.

Check payable to Great Lakes Theater enclosed:
\$ _____ Check # _____.

Credit card: Visit greatlakes theater.org/event/camptheater to pay by credit card online. Available for half and full payments.

MEDIA RELEASE: I give my permission for Great Lakes Theater to take and use: photographs and/or digital images or recordings of me, possibly including name and identity, for use in news releases, publicity and promotions and/or educational materials. I authorize the use of these images without compensation to me and release GLT from any liability for violation of any personal, privacy, or property rights which I might have in connection with the use of the photograph or recording.

X _____
Parent/Guardian (if under 18 years)

X _____
Camper (if 18 or older)

Method by which you learned about Great Lakes Theater Camp: _____



Great Lakes Theater Camp Medical Authorization Form

Child's Name _____ Birthdate _____

Parent's Name _____ Phone #1 _____

Phone #2 _____

Parent's Name _____ Phone #1 _____

Phone #2 _____

Additional persons who can be called in an emergency:

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Physician to be called in an emergency:

Name _____ Phone _____

Address _____

Dentist to be called in an emergency:

Name _____ Phone _____

Address _____

Medical insurance information:

Insurance Company _____

Group Name/Plan Number _____

Allergies or other helpful medical or special needs information:

Permission for medical treatment: Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance. In case of accident or emergency, I authorize my child's caregiver or other authorized adults to take my child to the above-named physician or to the nearest hospital for emergency treatment. I authorize the administration of measures as are deemed necessary for the safety and protection of the child.

Parent's signature

Date
