

CAMP! Registration Form

THEATER

Please mail registration form and deposit to: Kelly Schaffer Florian, 1501 Euclid Ave., Suite 300, Cleveland, Ohio 44115. Registration forms can be emailed to kflorian@greatlakes theater.org. Questions? Contact Kelly Schaffer Florian at 216.453.4443.



Temporary new home due to construction: Berea-Midpark Middle School, located at 7000 Paula Dr., Middleburg Heights, OH 44130

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: _____

✓  Circle camper's T-shirt size: YS YM YL AS AM AL AXL
(late registrants are not guaranteed a t-shirt)

✓ **Week Choice(s):**

<input type="checkbox"/>	Week 1 camp ONLY: June 8-12 (50% due at registration)
<input type="checkbox"/>	Week 2 camp ONLY: June 15-19 (50% due at registration)
<input type="checkbox"/>	Both Weeks: June 8-12 AND June 15-19 (50% for each week due at registration. Different material covered each week.)

✓ **Check camp selection below:**

- | | |
|--|---|
| <input type="checkbox"/> Kid Classics , Ages 4-5
9:30 am—10:30 am, \$65 per week | <input type="checkbox"/> Groundlings , Ages 6-8
9:30 am—12:00 pm, \$160 per week |
| <input type="checkbox"/> Jesters and Fools , Ages 9-11
9:30 am — 3:00 pm, \$225 per week | <input type="checkbox"/> Upstart Crows , Ages 12-13
9:30 am — 3:00 pm, \$225 per week |
| <input type="checkbox"/> Rude Mechanicals , Ages 14-18
9:30 am — 3:00 pm, \$225 per week | |

✓ **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-F, \$50/week (5 days, may be prorated)

After Camp Care: 3:00—5:00 pm, M-F, \$75/week (5 days, may be prorated).

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

Your balance is due **May 8th** for WEEK 1 and **May 15th** for WEEK 2. If you should decide to cancel prior to May 8th for week 1 & May 15th for week 2, you will receive a refund minus 20% of your camp week's total.

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

Credit card: New! 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)(your typed name acts as your signature)

X _____
Camper (if 18 or older) (your typed name acts as your signature)

Method by which you learned about GLT Camp Theater! _____



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

[your typed name acts as your signature]
