



2019 REGISTRATION FORM

Ages: 7-10

Camp Runs: 6/28/19 – 7/20/19

Show Dates: Friday, 7/19 at 8 pm & Saturday, 7/20 at 2 pm

(Please print neatly. If you are registering more than one child, please complete a separate form for each child. All 7 forms must be received in order to be considered "registered" for summer camp.)

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

T-Shirt Size (circle one): YS YM YL YXL AXS AS AM AL AXL AXXL
To purchase additional shirts, please indicate size and quantity (\$15/ea): \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Students will participate in workshops in various areas of theatre including improv, staging, vocal performance, choreography, set design, and technical classes. Students will rehearse for a fully staged performance, including music and choreography. Students must be available to attend all 3 weeks of camp and the showcase days.

Summer Camp attendees should be between the ages of 7-10. Camp runs Monday-Friday from 9:30 am – 3:00 pm. Note: there is no camp on Thursday, July 4th. A mandatory summer camp orientation will take place on Tuesday, June 18th @ 7 pm.

CAMP COST

- Camp Tuition +\$325
Early Bird Discount -\$25 (Register by February 28th)
Family Discount -\$25 (per child) (2 or more children from the same family)
Referral Discount -\$25 (Tell your friends – if they enroll, you get the discount!)
Before Care +\$75 (7:30 am – 9:15 am each camp day) (\$75 covers all 3 weeks, also available at \$15 a day)
After Care +\$75 (3:45 pm – 5:30 pm each camp day) (\$75 covers all 3 weeks, also available at \$15 a day)

TOTAL COST: \_\_\_\_\_

PAYMENT: \$50 nonrefundable deposit due with return of this completed form.

(Circle one.) Charge my credit card: Visa MC AMEX Disc CC#: \_\_\_\_\_
Sec. Code: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_ OR \_\_\_\_\_ Check enclosed, made payable to Levoy Theatre

BALANCE OF TOTAL COST DUE BY TUESDAY, JUNE 18th, 2019.

\*PLEASE NOTE: Audition dates will be June 24th, 25th, & 26th. You will be contacted to schedule an audition time once your full registration form has been received. Auditions are not mandatory. If you register for camp after June 18th, or if you chose not to audition, you will be placed in the ensemble of our final camp productions.

Please call for more information regarding tuition and scholarships!

Please return this completed form by mail to Levoy Theatre, ATTN: Summer Camp, PO Box 678, Millville, NJ 08332 or deliver in person to our box office (open Tuesday – Saturday, 10 am to 6 pm.) Do not mail cash.



## LEVOY THEATRE SUMMER CAMP

### Rules & Regulations

#### **Conduct While Attending Camp:**

At the Levoy Summer Theatre Camp, we work to maintain an atmosphere of caring, respect, understanding, comradery, and enjoyment at the Summer Camp. However, the safety of all camp participants, teachers, and staff come first.

Proper participation and conduct by your child is expected and includes the following rules:

1. Respect other's feelings, property, or personal items.
2. Work with each other as a team.
3. Listen to your teachers/counselors.
4. No fighting, yelling, cursing, or bullying will be tolerated whatsoever.
5. Tell a teacher/counselor if someone/something is bothering or upsetting you.
6. Clean up after yourself.
7. But most importantly, have fun!

Our staff supervises all Summer Camp activities and helps our campers to resolve conflicts and problems as they come up. Behavioral redirection is seen as an opportunity for learning and approached accordingly. However, if a child continually disrupts the program, or poses a safety risk to themselves or others, then a written behavioral notice will be sent home to the parent/guardian explaining the issue to be addressed. In the event that two written behavioral notices are sent home during the course of the camp, the Levoy Theatre reserves the right to dismiss the child from the camp without refund or reimbursement.

#### **Clothing:**

Since our campers will be participating in a variety of activities during the course of summer camp, children must wear both comfortable and moveable clothing to camp. T-shirts, shorts, sweatpants, sneakers with socks would all qualify as appropriate summer camp attire. Sandals/flipflops are not permitted and pose a safety issue to those moving around the stage. Bare or socked feet will not be permitted on the stage. Parents/Guardians should use discretion when dressing their children for camp. Inappropriate clothing may result in the child sitting out from certain activities.

#### **Pick-up/Drop-Off & Dismissal:**

A parent/guardian will be expected to sign their child in for each session. Children may not arrive unattended. Each day at the conclusion of the session, children will be dismissed to their parent/guardian. Your child will only be dismissed to the people you have listed on the Summer Camp application. A parent/guardian will be expected to sign out their child each day, unless otherwise noted. If you need to pick your child up prior to normal dismissal time, please notify camp staff during that day's drop-off time and we will insure your child is ready for you at your designated pick-up time.

I have read and reviewed these rules with my child.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### LEVOY THEATRE SUMMER CAMP Emergency Contact Form

Child's Full Legal Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Mother/Guardian's Name: \_\_\_\_\_  
 Father/Guardian's Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Mother's E-mail Address: \_\_\_\_\_ Mother's Cell Phone #: \_\_\_\_\_  
 Father's E-mail Address: \_\_\_\_\_ Father's Cell Phone #: \_\_\_\_\_

Please list TWO additional Emergency Contacts:

1. \_\_\_\_\_ Phone #: \_\_\_\_\_
2. \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list four other people (other than yourself) who are authorized to pick up your child. If a person comes to pick up your child and they are not on the list, your child will not be released. You must submit a signed letter if you would like to add anyone to this list in the future.

1. \_\_\_\_\_ Relationship: \_\_\_\_\_
2. \_\_\_\_\_ Relationship: \_\_\_\_\_
3. \_\_\_\_\_ Relationship: \_\_\_\_\_
4. \_\_\_\_\_ Relationship: \_\_\_\_\_

My child has our permission to sign themselves out and leave Levoy Theatre unaccompanied at the end of each camp day. Please check: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

In consideration of my child participating in this summer camp program, I \_\_\_\_\_, on behalf of myself, my heirs, personal representatives, and all those claiming by or through me consent to, and so hereby discharge and release and forever hold harmless The Levoy Theatre Preservation Society, Inc. d/b/a The Levoy Theatre and their affiliates, sponsors, agents, servants, employees, assigns, successors, and heirs and any facility at which events are held, from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death), and property lost or damage of whatever nature or cause, incurred by me (or my child) arises out of or any conjunction with my (or my child's) participation in the aforementioned event. I hereby consent that I am of legal age and have read and understand the contents of this consent and release.

I give permission for the above-mentioned child to attend camp and workshops at the Levoy Theatre. I agree that the Levoy Theatre will not be liable if injury to the student occurs during the said class and/or time spent in the Theatre before and after class. In event of a medical emergency, Levoy Theatre has my permission to call for medical emergency assistance and if required, to allow my child to be transported to an emergency room by medical professionals. The Levoy Theatre will notify me or persons listed above if an emergency arises and what actions is being taken at that point.

Signature of Parent or Guardian Named Above \_\_\_\_\_

Printed Parent or Guardian Named Above \_\_\_\_\_



**SUMMER CAMP**  
**Medical Emergency Release Form**

Name of Student: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

*List any information that you believe is pertinent to the instructors or medical emergency personnel.*

Allergies to medications: \_\_\_\_\_

Other Allergies (bee stings, diet, etc.): \_\_\_\_\_

Special Needs or Other Comments- (Please alert us to any conditions that may make learning challenging such as ADD, ADHD or any behaviors on the autistic spectrum. All information is strictly confidential and allows us to provide the best experience for all campers.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_



## LEVOY THEATER SUMMER CAMP Photo Release Form

I hereby consent to the collection and use of my child's image by photography or video recording.

I acknowledge these may be used on the Levoy Theatre's website, in newsletters, and publications as well as distributed to members or on social media.

I further acknowledge that my child's image may be used by the Levoy Theatre Preservation Society to promote the Levoy Theatre in the future.

I understand that no personal information, such as names, will be used in any publications or online mediums unless my express consent is given.

Child's Name: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_



## **LEVOY THEATER SUMMER CAMP Cell Phones/Electronics Form**

I understand that cell phones/electronics are not allowed at the Levoy Theatre summer camp. If a cell phone/electronic is brought to Summer Camp, it must be kept in the camper's backpack, bag, or pocket for the duration of the camp day.

If a cell phone is seen out, the camper will first receive a warning. If the cell is seen out a second time, the phone may be confiscated and returned to the parent/guardian at the end of the summer camp day.

Cell phones are not allowed to be out in dressing rooms or backstage areas at any time.

If an emergency, familial, or health situation necessitates your camper's access to a cell phone at any point during the summer camp, please let our summer camp staff know and we will make necessary adjustments to make this possible.

Child's Name: \_\_\_\_\_

Child's Signature: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

## Levoy Theater Summer Camp

# BIO FORM

*Please complete the below form for your child and send back with other registration documents. Please write the biography in third person form. Feel free to include age, school, previous performances, other interests, and special thank-you's.*

***Example:** Bobby Smith is an eight year old from AnyTown, USA. He attends AnyTown Elementary School. When not onstage, other interests include playing with his dog, Skip, practicing the piano, and playing tee ball. He would like to thank his Mom, his dog, Skip, and his brother for their support!*

**Name** \_\_\_\_\_

**Biography** \_\_\_\_\_

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