

# BROADWAY ROSE THEATRE COMPANY

## 2018 Summer Drama Camp Registration Form

Child's Name: \_\_\_\_\_ M/F: \_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Non-Parent Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Camp One – *Beauty And The Beast*  
Cost is \$300.00

Camp Two – *Aladdin And The Magic Lamp*  
Cost is \$300.00

A non-refundable minimum deposit of \$50.00 is due with this registration. Full payment must be received at least 30 days before the first day of camp. Cancellation Policy: up to 2 weeks before camp, all money paid above the deposit will be refunded. In the 2 weeks before camp, 50% of money paid above the deposit will be refunded. After camp has begun, there will be no refunds.

Camp will be held at the Deb Fennell Auditorium, Tigard High School,  
9000 SW Durham Road, Tigard.  
Drama students should bring water and a brown bag lunch each day.

The Broadway Rose Theatre Company does not provide medical insurance for any participant in any program offered. I, the undersigned Parent or Guardian of this student, a minor, do hereby authorize the directors and teachers of The Broadway Rose Theatre Company as agents for the undersigned to consent to medical emergency treatment. I hereby release The Broadway Rose Theatre Company and its Board of Directors from any and all claims from personal injuries. I also consent that student's photo or video may be taken and used for any purpose deemed necessary to promote Broadway Rose Theatre's education program without compensation. Broadway Rose Theatre is not responsible for transportation of students to or from classes, rehearsals, or performances.

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

Cost of each Camp: \$300.00 Additional Donation: \_\_\_\_\_ Total Payment Today: \_\_\_\_\_  
(\$50 deposit)

\_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ Discover \_\_\_\_ American Express \_\_\_\_ Check

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_



I authorize Broadway Rose to charge the remaining amount due on:



Beauty And The Beast – June 1, 2018

Aladdin And The Magic Lamp – July 6, 2018

Questions? Contact Paul Jacobs at Camps@BroadwayRose.org or 503.603.9862, ext. 116

Mail completed form and payment to:  
Broadway Rose, Attn: Drama Camp P.O. Box 231004, Tigard, OR 97281

For Office Use Only:  
Date Paid: \_\_\_\_\_  
cc auth/Check # \_\_\_\_\_



## Medical Release & Information Form

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

As the undersigned parent and/or legal guardian of the student listed above, I hereby give permission for my student to be given emergency treatment as needed by members of Broadway Rose Theatre Company (BRTC). I give permission for the student to be transported by ambulance to an emergency center for treatment. In the event that I, my student's listed emergency contact, or my preferred physician cannot be contacted, I consent to medical, surgical and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health. I agree that I will not hold BRTC or any member of its staff liable for damages, injuries or losses during the student's participation with the BRTC education programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Non-Parent Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Physician Name \_\_\_\_\_

Physician's Place of Practice \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please list any important health related information about your child (allergies, medications, special learning needs)

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