



SUMMER CAMP REGISTRATION FORM

Camper's Name _____ Age as of June 2016: _____ Gender: Male / Female
 Camper's Name _____ Age as of June 2016: _____ Gender: Male / Female
 Camper's Address: _____ City _____ State _____ Zip _____
 Mom's Name: _____ Dad's Name _____
 Mom's Home Phone: _____ Mom's Work #: _____ Mom's Cell #: _____
 Dad's Home Phone: _____ Dad's Work #: _____ Dad's Cell #: _____
 Email: _____ Camper's School: _____

Which STUDIO SUMMER 2016 CAMP are you registering for?

- Camp Seuss Rockford June 20-24 Camp Frozen Dixon June 27-July 1
 Studio Show Camp Rockford July 25-29 Disney Safari Rockford August 1-5

Payment & Authorized Pick-up Information

Enclosed is a check payable to The Studio in the amount of \$ _____ Check #: _____
 Visa/Master Card #: _____ Exp. Date: _____ CVV #: _____

Tuition must be paid in full in order to complete registration.

In the event of an emergency, The Studio attempts to contact parents first, and then will contact one of the following people based on the order in which they are listed.

The following will also have permission to pick up my child. (Other than parents.)

Name:	Relationship:	Home #:	Work #:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

T-Shirt Size (please check your size, youth/ adult sizes available)

- YS YM YL AS AM AL AXL

Camp Size

Camp size is limited to keep it enjoyable and comfortable for all. Please send in your registration **early**. **Camp registration is not guaranteed until you receive a confirmation call or email reply.**

Refunds/Cancellation

Cancellations before one week prior to camp will be reimbursed less a \$20 administrative fee. Cancellations after that date will not receive a refund or credit. Fees for camps cannot be transferred to other events at The Studio. Size or nature of roles is at the professional discretion of the instructor/camp director. All roles provide a valuable learning experience. No refunds will be granted due to dissatisfaction with assigned role.

**Mail your registration for *with payment* (make checks payable to The Studio, LLC) to:
The Studio, 7326 North Cherryvale Mall Dr. Ste. D; Rockford, IL 61112.**

Please complete the liability release and medical form below

LIABILITY RELEASE & Medical Form

Camper #1 Name: _____

Camper #2 Name: _____

Child's Physician: _____ Phone #: _____ Hospital: _____

Insurance Co: _____ Policy #: _____

My camper MAY have: Acetaminophen Ibuprofen

My camper may NOT have: Acetaminophen Ibuprofen

Parent's Signature: _____

Does your child:

Have any allergies: Yes No If yes, to what? _____

Require medication: Yes No If yes, please explain _____

Use an epi-pen: Yes No

Have difficulties with socialization: Yes No If yes, please explain: _____

Have special emotional needs: Yes No If yes, please explain: _____

Other behavioral or physical needs we should be aware of: _____

I hereby give permission for:

_____ to participate in The Studio's Summer Camp program.

I declare that I am the parent or legal guardian of the above named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact me or our emergency contact. In the event that we cannot be reached, I hereby authorize The Studio to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. I understand that as a participant, my child may be climbing on and off a stage and set pieces. I further understand that my child may be running, jumping, dancing, and varied other movements on a stage, or near moveable set pieces. I assume all risks and hazards to such participation including transportation to and from rehearsals and performances, and hereby waive, release, absolve, and indemnify and agree to hold harmless, The Studio and the location where The Studio is holding its Summer Camp program, its organizers, sponsors, supervisors, and participants for any claim arising out of accidental injury to my child. I also give my permission to use my child's picture in any camp publication, advertisement in local media/website, etc.

My signature indicated that I have read, understand, and agree to the terms of the above
RELEASE FROM LIABILITY.

Parent/Guardian Signature

Date