

# Ensemble Stage Camper Application/ Registration 2019

Summer Theatre Camp July 8-12 (ages 7-13)

\$200.00

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*Student Information Please print or type clearly.*

Student's Name: \_\_\_\_\_ Sex: M F

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

Parent or Legal Guardian's Name: \_\_\_\_\_

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

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

**PAYMENT INFO: A non-refundable deposit of \$100 for kids 7-13 is due no later than July 1, 2019  
Remaining balance of camp fee is due no later than beginning of first day of camp**

Other payment options are available by request only.

**Enrollment in camp is NOT guaranteed until deposit is received**

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## Ensemble Stage Summer Theatre Camp Medical Emergency Information/Consent for Treatment

### Medical Information

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Existing Conditions: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

### Insurance Information

Does the student have health insurance?: NO YES

Medical Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Phone # \_\_\_\_\_

**Person(s) to notify in case of emergency:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

**Second Contact if first is not available:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

**Ensemble Stage does not carry medical insurance for participants in any of its programs. It is recommended that you have appropriate medical coverage for your child.**

I hereby give my consent for any medical treatment that may be required during my child’s participation with the understanding that the cost of any such treatment will be my responsibility.

I hereby give my consent for any pictures of my child or his/her likeness to be allowed and utilized for promotions such as brochures, flyers, certificates, presentations, web pages and the like.

Further, I voluntarily and knowingly agree to hold harmless, protect, and indemnify Ensemble Stage, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action for property damage, personal injury or death, including defense costs and attorney’s fees, arising out of my child’s participation in all supervised, normal activities of Ensemble Stage Summer Theatre Camp,

\_\_\_\_\_  
Participant’s Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Parental Authorization for another party to pick up child**

If I am unable to pick up my child at the end of the camp day, I authorize the following individuals to do so in my stead. I also understand that an Ensemble Stage representative will be present until every child has been properly and safely transported from the assigned pick-up location at the end of each day

\_\_\_\_\_

\_\_\_\_\_

**Please deliver this completed form at beginning of first day of your child’s camp or mail it with your deposit to; Ensemble Stage / PO Box 2274 / Banner Elk, NC 28604. Your child will not be allowed to participate in the camp until this form is completed and returned.**