



For Office Use Only:	
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2010 National Tour Camp Application
Next Step – Ages 15 to 18
 NEW YORK, NEW YORK

CAMPER INFORMATION (PLEASE PRINT CLEARLY)

Name: _____ Date of Birth: ___ / ___ / ____ Male Female

Address: _____ City: _____

State: _____ Zip: _____ Home Telephone: (____) _____

Parent's/ Guardian's Name (s): _____

Parent's/ Guardian's E-mail: _____

Cell Telephone: (____) _____ Office Telephone: (____) _____

How did you hear about us? Blog Website Ad Workshops Other _____

Camper T-Shirt Size (circle/bold one): Child 10/12 Child 14/16 Adult S Adult M Adult L Adult XL

Friends Name: _____

Have you previously attended a Camp Broadway Program? If so, what year(s) and in what city? _____

Please tell us about your school.

School Name: _____ School Phone: (____) _____

School Address: _____ City: _____

State: _____ Zip: _____ Teachers Name: _____



2010 PROGRAM REGISTRATION INFORMATION – Tuition: \$1250

Participant Name: _____

Session: July 12 – 16, 2010

PAYMENT INFORMATION

1. Full Payment is enclosed (via check or credit card): Full Tuition **\$1250**

2. Deposit Enclosed: Amount \$_____ (minimum 50%) Balance Due \$_____

*Balance is due no later than **four (4) weeks prior to the first date of program**. No invoice or other reminder will be issued.*

3. Payment Method: Check (payable to Camp Broadway) MasterCard Visa American Express

Account # _____ Expiration Date: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ Name as Listed on Card: _____

Signature _____ Date _____

Please be sure to include the Camper or Participant's name and session(s) on the check.

IF FAXING, SEND TO (212) 575-3125. ATTENTION: APPLICATIONS

IF MAILING, PLEASE FILL OUT APPLICATION AND SEND IT TO:

CAMP BROADWAY® – APPLICATIONS, 336 WEST 37TH STREET – SUITE 460, NEW YORK, NY 10018

CAMP BROADWAY® Disclaimer:

Deposits – A minimum deposit of 50% is due at the time of application. The balance of registration is due no less than four (4) weeks prior to the beginning of the Camp Broadway session. Note: A \$25 processing fee will be applied towards all returned checks. Returned checks will not be re-deposited and replacement personal checks cannot be accepted. Payment can then be made by credit card or money order.

International checks – A \$20 processing fee is due for international checks or foreign currency conversion payments.

Refunds – Refunds are available up to four (4) weeks prior to the start date of the program, minus a one-hundred dollar (\$100.00) handling fee. Due to the extensive preparations and fixed costs, Camp Broadway *cannot* offer refunds four (4) weeks prior to the start date of the program; nor will refunds be offered during the time of the program.



2010 MEDICAL RELEASE

CAMP BROADWAY is committed to providing individual attention to each camper attending our programs. To ensure the good health and safety of your child, please complete and return this form. Children will **not** be permitted to participate **without** a signed medical release. Thank you for your cooperation.

Participant Name: _____ Emergency Contact Name: _____

Relationship to Camper: _____

Day Telephone: () _____ Evening Telephone: () _____

Family Doctor Name: _____ Doctor Telephone: () _____

Does your child wear glasses and/or contacts? _____

Physical injuries or chronic health problems e.g. asthma, epilepsy, knee injury, etc.:

Medical restrictions or allergies: _____

Food allergies or dietary restrictions: _____

Currently prescribed medications: _____

Please list any other special needs or conditions that your child may have: _____

Is Camp Broadway authorized to give your child Tylenol or Advil in the event that he or she is not feeling well?
**Note: Camp Broadway staff will not administer medication without first speaking with parent/guardian or emergency contact.*

Yes No If Yes: Tylenol Advil Either is fine

*Note: If a medical emergency occurs which involves the need to take your child to a doctor or the hospital emergency room, we must have parental or guardian consent for us to seek medical attention; otherwise, the medical staff will not treat your child. All efforts will be made to contact you or the emergency contact person listed above. A written consent form to treat your child is provided in **section II** of the Camper Release Form.*

Do you have medical insurance covering your child? Yes No

If yes, what is your insurance company? _____

Policy Number: _____ Group Number: _____ Member Number: _____



2010 SIGN-OUT RELEASE

CAMP BROADWAY ends each day at 5:00 pm. In order to insure the safety of all of our campers, we will not release a child to anyone other than a parent or legal guardian, unless authorized to do so in writing. Please complete this portion of the registration by filling out the section that applies to you.

Participant Name _____

I will be picking up my child at the end of each day.

Name _____ Telephone () _____

I give the following person/s permission to pick up my child.

Name _____ Telephone () _____

Name _____ Telephone () _____

Name _____ Telephone () _____

Name _____ Telephone () _____

My child has permission to leave Camp Broadway on his/her own: Yes No

Parent Name _____ Telephone () _____

I, the undersigned, am aware and agree that once my child leaves CAMP BROADWAY is no longer responsible for his/her whereabouts, actions or welfare.

Parent or Legal Guardian (Print Name) Date _____

Parent or Legal Guardian (Signature) Date _____

Note: If you are visiting from out of town, please make sure to inform the staff where you can be reached.



2010 Camper Release Form

Please read carefully, then sign and date the following statements.

I. CAMP BROADWAY is dedicated to providing an informative and entertaining experience for your child. Camp Broadway maintains constant adult supervision for all activities.

Participant Name _____

By enrollment in this program, I _____ (parent/legal guardian) grant CAMP BROADWAY permission to:

- take my child on an off-site field trip that may include, but is not limited to, a supervised walking tour.
- take photographs, and/or make video or audio recordings of my child, and use them in connection with the promotion or publicity for Camp Broadway and Camp Broadway-related programs.

I agree that neither Camp Broadway, nor any of its employees, independent contractors, directors and/or officers will be held liable for any injury which may occur to my child while attending Camp Broadway. This includes, but is not limited to, any activities in which he/she may participate including classes in singing, acting, dancing, physical comedy, stage craft, theatrical mask work, warm-up exercises and/or meals. I hereby release Camp Broadway and their respective employees, independent contractors, directors and/or officers from any and all legal or financial claims.

Parent of Legal Guardian (Print Name) Date _____

Parent or Legal Guardian (Signature) Date _____

II. The information in this release is correct as far as I know. My child has permission to take part in all Camp Broadway activities. I understand that every attempt will be made to contact me in case of an emergency. In the event I cannot be reached, I give consent to emergency transportation, x-rays, medical treatment(s), surgery or dental care for my child. I agree to assume responsibility for charges so incurred.

Parent of Legal Guardian (Print Name) Date _____

Parent or Legal Guardian (Signature) Date _____



Participant Name: _____

III. Please have your doctor sign the following statements:

I, the undersigned, have examined the above named child and found them to be in good health and able to participate in all CAMP BROADWAY classes, workshops and entertainment activities.

_____ Date: _____
Doctor (Print Name)

_____ Date: _____
Doctor (Signature)

IV. Prescription Medicine

If your child needs assistance to take any medication, please initial below, giving us permission to administer the medication. Please provide a copy of the physician's prescription and enough medication **in its prescription bottle** for the entire week of camp. Also include additional instructions, if any, for administering the medication.

Instructions: _____

Parent Initials: _____

V. Conflicts

Please be aware that full attendance throughout the entire week of Camp is strongly advised. Any absence or early dismissal, including but not limited to illness, may result in your child not being able to participate in portions of the final show. Please list below any foreseeable conflicts during the week of Camp.

