

Grades 5-8 Summer Musical Theatre Camp

Disney's

HIGH SCHOOL MUSICAL

At the Ridge Theatre & Kent School District

This is the 11th annual Summer Musical Theatre Camp that has been offered in a partnership between At the Ridge Theatre and KSD.

This summer the grades 5-8 camp will be
August 1st-5th from 10 AM-1 PM daily,
with a free parent show on the 5th of August!
(Register your student based on the year they JUST COMPLETED.)

Students learn acting, singing, dancing and stage tech and all will be in a performance of ***HIGH SCHOOL MUSICAL One Act*** at the end of the week!

Cost: \$150

(Enrollment limited to the first 60 participants who register.)

Please fill out the next two sheets:

- 1. REGISTRATION FORM** and
- 2. MEDICAL EMERGENCY INFORMATION FORM**

include your **camp fee**

(make *checks out to 'ART'*)

and

mail your registration packet to

Mary Ann Lindgren
14653 SE 172nd Street
Renton, WA 98058

At the Ridge Theatre

REGISTRATION FORM

PLEASE PRINT

NAME _____

First

Last

Grade last attended: _____ Age: _____
(Register your student based on the year they JUST COMPLETED.)

School: _____

Parent Name(s): _____

Address: _____

Email: _____

Home Phone: _____

Cell Phone(s): _____ / _____

T-Shirt size (circle one): Youth: SM MED LG Adult: SM MED LG XL XXL

Information we should know about your child: (health concerns, allergies, accommodations, etc.)

For Grades K – 8 families: (optional for grades 9-12)

If someone other than you (parent/guardian) will be picking up the camp participant, please list who will be picking your child up:

Name

Cell/Home phone numbers

Monday pick up: _____

Tuesday pick up: _____

Wednesday pick up: _____

Thursday pick up: _____

Friday pick up: _____

Saturday pick up: (HS only) _____

Please send this form (*one per child please*) along with the Medical Emergency Information Form & camp fee.

MEDICAL EMERGENCY INFORMATION

Name _____ Date of Birth ____ / ____ / ____

Person to call in case of emergency _____

Contact # _____

Contact # _____

Relationship _____

Medications in use _____

Medicine Allergies _____

Family Physician _____

Phone Number _____

MEDICAL EMERGENCY AUTHORIZATION

Name of Student _____

School _____ Grade _____

As parent or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury, to administer emergency care and to arrange for any consultation he/she deems necessary to ensure proper care of any injury. Every effort will be made to contact parent/guardian to explain the nature of the problem prior to any involved treatment.

I understand that I will assume full responsibility for payment of any services rendered.

Parent/Guardian Signature

Date

Please send this completed form (*one per child please*) along with the Registration Form & camp fee.