

High School Summer Musical Theatre
MAINSTAGE Camp

Grades 9 - 12

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 9-12 camp will be
July 28th - 30th from 12 NOON - 4 PM
on Thursday, Friday and Saturday.

(Register your student based on the year they JUST COMPLETED.)

Your camp experience will include:

12 hours of instruction in singing, acting and dancing,
two (2) tickets to the ART mainstage summer 2011 show and
talk back with cast and directors *after* the July 31st / 4:00 PM mainstage show.

Cost: \$150

(Enrollment limited to the first 40 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.