

*K-4 Summer Musical Theatre Camp*  
**Disney's JUNGLE BOOK**  
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 K-4 camp will be  
**August 8th-12th from 9 AM-Noon daily,**  
**with a free parent show on the 12th of August!**  
*(Register your student based on the year they JUST COMPLETED.)*

Students learn acting, singing, dancing and stage tech  
and will all be in a performance of *JUNGLE BOOK* 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 172<sup>nd</sup> 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): \_\_\_\_\_ / \_\_\_\_\_

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.**