



Grandstage Musical Theatre Camp 2020

Aug 3rd-14th ~ Mon-Fri ~ 1pm-4pm
~Ages 8-14

Student Name *

First Name Last Name

Student Age *

T-Shirt Size

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Parent/Guardian Name *

First Name Last Name

Parent/Guardian Email *

example@example.com

Phone Number *

Emergency Contact *

Emergency Contact Phone Number *

Please enter a valid phone number.

Doctor's Name/ Office *

Doctor's Phone Number

Please enter a valid phone number.

Insurance Company Name

Insurance Number

Special circumstances we should be aware of while your child is participating in Musical Theatre Camp i.e. allergies, medications, etc.

I hereby give my child permission to participate in the Mon River Arts Musical Theatre Camp. While I realize that all precautions will be taken to guard my child from injury, I will not hold the Grandstage Theatre Camp, Mon River Arts, its camp staff, or the Grand Theatre responsible for accidents that occur. I also give my permission for my child to be photographed for promotional purposes.