

DANCE SUMMER CAMP 2019

www.TheatreWinterHaven.com
863-294-SHOW (7469) ext. 1



CAMP DATES: JUNE 24th-28th
8:00am-4:00pm

PERFORMANCE SHOWCASE: JUNE 28th
4:00pm

SIGN UP: 10% Discount if registered by June 7th or for multiple siblings.

STUDENT'S NAME _____

DATE OF BIRTH _____

CONTACT PHONE _____

EMAIL _____

STREET ADDRESS _____

CITY _____ ST _____ ZIP _____

T-SHIRT SIZE: Youth: S M L Adult: S M L

EMERGENCY CONTACT INFORMATION:

PARENT/GUARDIAN _____ RELATIONSHIP _____

PARENT/GUARDIAN _____ RELATIONSHIP _____

DAYTIME PHONE # _____

EMAIL _____

METHOD OF PAYMENT: (Please circle one) CASH CHECK CREDIT

Credit Card Customers:

NAME ON CARD _____ EXP. ____/____

CARD # _____ 3 DIGITS ON BACK _____

BILLING ZIPCODE _____

\$225 - _____ = _____
CAMP PRICE **Discount** (If Applicable) **TOTAL DUE**

PRICE:
\$225 per Dancer

SEND REGISTRATION FORM TO:
Theatre Winter Haven
P.O. Box 1230 Winter Haven, FL 33882

DOWNLOAD:
Please download the
medical/photo release
form found on our website.

BOX OFFICE USE ONLY: DATE REC'D _____ QB AP PYMT# _____

Today's Date: _____

Emergency Information and Media Release

Student's Full Name: _____ Birthdate: _____

Parent/Guardian Names: _____ Day Phone: _____

IN CASE OF EMERGENCY:

If we are unable to reach the above guardian, who would you like us to contact:

1) Name: _____ Relationship: _____ Day Phone: _____

2) Name: _____ Relationship: _____ Day Phone: _____

3) Name: _____ Relationship: _____ Day Phone: _____

4) Name: _____ Relationship: _____ Day Phone: _____

If an emergency arises that requires your child to leave during camp hours and you are unavailable to pick them up yourself, who do you give permission to pick up your child:

1) Name: _____ Relationship: _____ Day Phone: _____

2) Name: _____ Relationship: _____ Day Phone: _____

3) Name: _____ Relationship: _____ Day Phone: _____

4) Name: _____ Relationship: _____ Day Phone: _____

Does your child have any allergies or chronic illnesses? _____ No _____ Yes

If Yes, please indicate type of allergy, reaction, and any special instructions we need to be aware of:

Is your child taking any medication during our regular camp day? _____ No _____ Yes

If Yes, please indicate proper names of medications, dosages, and reasons for taking:

Theatre Winter Haven Academy wants to give each child the best experience possible. If your child has any physical and/or emotional limitations please let us know in the space provided below. This information will be kept in strict confidence, but will greatly assist us in coaching your child to the best of their ability, and will also help us to meet their individual needs:

Any other comments you would like to share with us about your child?

Medical Release:

I, the undersigned parent or guardian of the above named minor, do hereby authorize the staff of Theatre Winter Haven as agents for the undersigned to give consent to medical treatment in an emergency.

Photography and Video Release:

By my child's participation in Theatre Winter Haven programs, I consent to the reproduction and/or use of any and all photographs, videotapes, films, or other recordings of my child for advertising, promotional or other purpose by Theatre Winter Haven (without compensation to my child or me).

Signature of Parent/Guardian _____

Date: _____