



CAMP BROADWAY MAINSTAGE REGISTRATION FORM

June 12 – 16, 2017 | FSCJ Artist Series

Nathan H. Wilson Center for the Arts, 11901 Beach Blvd. Jacksonville, FL 32246

PARTICIPANT INFORMATION

First Name:		Last Name:			
Date of birth (mm/dd/yyyy):					
Gender:	Grade:	Age:	T-Shirt Size:		
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			AS	AM	AL AXL
How many years have you attended Camp Broadway?		If you have a friend attending Camp Broadway who is the same age, list his or her name to be placed in the same group:			

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:		
Relationship to participant:		
Address:		
City:	State:	ZIP Code:
Email Address:		
Phone Number:	Cell Phone Number:	

PHOTO RELEASE

I grant Camp Broadway and FSCJ Artist Series permission to take photographs, and/or make video or audio recordings of my child, and use them in connection with the promotion or publicity for Camp Broadway. I agree that neither Camp Broadway or Florida State College at Jacksonville, Foundation Inc. dba FSCJ Artist Series, nor any of its employees, independent contractors, directors and/or officers will be held liable for any injury which may occur to my child while attending Camp Broadway. This includes, but is not limited to, any activities in which he/she may participate including classes in singing, acting, dancing, physical comedy, stage craft, theatrical mask work, warm-up exercises and/or meals. I hereby release Camp Broadway and their respective employees, independent contractors, directors and/or officers from any and all legal or financial claims.

YES NO

CAMP BROADWAY MAINSTAGE AUTHORIZED SIGN OUT RELEASE

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In order to ensure the safety of all of our campers, we will not release a child to anyone other than a parent or legal guardian, unless authorized to do so in writing. Please complete this portion of the registration by filling out the section that applies to you.

Participant Name _____

I will be picking up my child at the end of each day.

Name _____ Telephone () _____

I give the following person(s) permission to pick up my child.

Name _____ Telephone (____) _____

Name _____ Telephone (____) _____

Name _____ Telephone (____) _____

My child has permission to leave Camp Broadway on his/her own: Yes No Parent Name

_____ Telephone (____) _____

I, the undersigned, am aware and agree that once my child leaves at the end of each session day CAMP BROADWAY is no longer responsible for his/her whereabouts, actions or welfare.

_____ Date _____

Parent or Legal Guardian (Signature)

_____ Parent or Legal Guardian (Print Name)

Note: If you are visiting from out of town, please make sure to inform the staff where you can be reached.

CAMP BROADWAY MAINSTAGE MEDICAL FORM

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By checking the 'yes' box, I certify that I have medical insurance covering my child. Also that the information in this release is correct as far as I know. My child has permission to take part in all camp Broadway activities. I understand that every attempt will be made to contact me in the case of an emergency. In the event that I cannot be reached, I give consent to emergency transportation, x-rays, medical treatment(s), surgery or dental care for my child. I agree to assume responsibility for charges so incurred.

YES

Insurance Company Name:

Member ID:

Family Doctor Name:

Family Doctor Phone Number:

Please list any physical injuries or chronic health problems that we should be aware of, e.g. asthma, epilepsy, knee injury, etc:

Please list any medical restrictions or allergies:

Please list any food allergies:

Please list any dietary considerations:

Please list any medications your child is taking or any other information that we should be aware of:

"By checking this box, I give Camp Broadway permission to administer any medications that my child needs assistance in taking. I will provide a copy of the physician's prescription and enough medication in its prescription bottle for the entire week of camp."

Do you give Camp Broadway permission to administer Tylenol or Advil to your child in the event that he or she is not feeling well?

YES NO

If yes, what medication can Camp Broadway administer?

TYLENOL OR ADVIL

TYLENOL ONLY

ADVIL ONLY

NEITHER

HEALTH/IMMUNIZATION INFORMATION

Date of last examination:

Immunization Date DPT/TD:

Immunization Date POLIO:

Immunization Date MMR:

Date Last Tetanus Shot:

Please have your doctor sign the following statements:

I, the undersigned, have examined the above named child and found them to be in good health and able to participate in all CAMP BROADWAY classes, workshops and entertainment activities.

Doctor (Print Name) _____
Date: _____

Doctor (Signature) _____
Date: _____

2016 CAMP BROADWAY MAINSTAGE CAMPER RELEASE FORM

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Please read carefully, then sign and date the following statements.

CAMP BROADWAY is dedicated to providing an informative and entertaining experience for your child. Camp Broadway maintains constant adult supervision for all activities.

Participant Name _____

By enrollment in this program, I _____ (parent/legal guardian) grant **CAMP BROADWAY** permission to:

- take my child on an off-site field trip that may include, but is not limited to, a supervised walking tour.
- take photographs, and/or make video or audio recordings of my child, and use them in connection with the promotion or publicity for Camp Broadway and Camp Broadway-related programs.

I agree that neither Camp Broadway, nor any of its employees, independent contractors, directors and/or officers will be held liable for any injury which may occur to my child while attending Camp Broadway. This includes, but is not limited to, any activities in which he/she may participate including classes in singing, acting, dancing, physical comedy, stage craft, theatrical mask work, warm-up exercises and/or meals. I hereby release Camp Broadway and its respective employees, independent contractors, directors and/or officers from any and all legal or financial claims.

_____ Date _____
Parent of Legal Guardian (Signature)

Parent or Legal Guardian (Print Name)

2016 CAMP BROADWAY MAINSTAGE PAYMENT INFORMATION

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1. Full Payment or Deposit Completed Online: Amount: \$ _____ (\$575.00)

Order Number: _____

(Please contact Amanda Faye at afaye@fscjartistseries.org for link)

2. Full Payment is Enclosed (via check or credit card): Amount \$ _____

3. Deposit Enclosed: Amount \$ _____ (50%: \$287.50) Balance Due \$ _____ (50%: \$287.50)

For Deposit Payments Via Credit Card Only: I hereby acknowledge that my credit card will automatically be billed the balance of the registration fee(s) without advance notice on May 15, 2017. I understand I can change this automatic payment at any time by contacting Amanda Faye at (904) 442-2932 in advance.

Signature _____

For Deposit Payments Via Check Only: A second check for the balance is due by May 15, 2017. *No invoice or other reminder will be issued.*

Payment Method: Check (payable to Artist Series) MasterCard Visa American Express Discover
Account # _____ Expiration Date: _____
Billing Address: _____ City: _____
State: _____ Zip: _____ Name as Listed on Card: _____
Signature _____ Date _____

*** CAMP BROADWAY® Disclaimer: Deposits** – A minimum deposit of 50% is due at the time of application. The balance of registration is due by May 15, 2017. **Personal Checks** – Make checks payable to: *FSCJ ARTIST SERIES*. Be sure to include the Camper or Participant's name. Note: A \$25 processing fee will be applied towards all returned checks. Returned checks will not be re-deposited and replacement personal checks cannot be accepted. Payment in full must then be made with a credit card to guarantee your child's space. **Refunds** – If you need to cancel after being accepted into Camp Broadway, your deposit is refundable minus a \$50.00 handling fee up to 30 days prior to the program's start date. For cancelations within a 30 day period, the deposits and/or payments in full are non-refundable

PLEASE FILL OUT APPLICATION AND SEND TO:

**ARTIST SERIES
ATTN: AMANDA FAYE
501 W. STATE STREET, SUITE 109
JACKSONVILLE, FL 32202**

**OR FAX TO (904) 632-3266
OR EMAIL TO: AFAYE@FSCJARTISTSERIES.ORG
PHONE: 904-442-2932**

CAMP INFORMATION
June 12-16, 2017
8:30AM-5PM Camp Hours Monday-Thursday
8:30AM-approximately 6PM Friday

Camp Attire:

Campers are provided with two official Camp Broadway t-shirts during Monday morning registration. Campers are to wear the official t-shirt each day, paired with comfortable shorts or pants that can be worn for dancing. Sneakers or dance shoes may be worn, but sandals and open-toed shoes are prohibited from all rehearsals. Costume suggestions for the finale will be provided closer to camp and will be items you can find in your own closet so you do not need to buy anything new.

Food:

Lunch, a snack, and 1 bottle of water are provided each day. Additional details regarding food will be provided as the camp session approaches.

Location:

Camp takes place in Jacksonville, FL at Wilson Center for the Arts at 11901 Beach Blvd, Jacksonville, FL 32246

Experience:

Camp Broadway is for kids of all skill levels. We do not require an audition. Younger campers will perform Peter Pan and older campers will perform Shrek the Musical at the end of the week. Groups are determined by the number of applicants received for each age and is not predetermined.

TERMS AND CONDITIONS:

1. Parents must submit all of the paperwork, including this registration, Doctor's Health Form, Emergency Contact and Medical Release, Sign-Out Release, and Camper Release Form.
2. Camp Broadway will not give any refunds if the camper leaves during the program of his/her own accord; we cannot give partial refunds based on the amount of time spent at camp.