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| <b>Office Use Only</b><br>____ Date Received<br>____ Full Pymt. Rcvd |
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2014

# Summer Youth Musical Theatre Workshop

## Application Form

PLEASE READ THIS APPLICATION CAREFULLY

Please complete the entire application and mail it along with your enrollment fee to:

**Musicals at Richter, 100 Aunt Hack Road, Danbury, CT 06811**

Student's Name \_\_\_\_\_

Preferred Name/Nickname \_\_\_\_\_ Gender: M/F

Date of Birth \_\_\_\_\_ Age as of July 2014 \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone # \_\_\_\_\_ Evening phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_ Email address \_\_\_\_\_

Emergency information

Doctor's Name \_\_\_\_\_

Dr.'s Phone # \_\_\_\_\_

Do you have Health Insurance: Y/N

Company name \_\_\_\_\_

ID # \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### REFUND POLICY

There are no refunds for students dismissed from the program due to illness or disciplinary reasons, or for students that choose to leave the program early.



2014

SUMMER YOUTH MUSICAL THEATER WORKSHOP  
PAYMENT FORM

I would like to enroll my child with Musicals At Richter SUMMER YOUTH MUSICAL THEATER WORKSHOP!

Session 1: June 30<sup>th</sup>-July 18<sup>th</sup>  
\$500 Payable by April 1, 2014  
\$600 Payable after April 1, 2014  
**DEADLINE June 20<sup>th</sup>**

Session 2: July 21<sup>st</sup>-August 15<sup>th</sup>  
\$700 Payable by April 1, 2014  
\$800 Payable after April 1, 2014  
**DEADLINE July 11<sup>th</sup>**

| Session 1: June 30-July 18 (3 weeks)    | <u># of</u> |           | <u>TOTAL</u> |
|---|-------------|-----------|--------------|
| \$500 Single Child Before April 1       | _____       | x \$500 = | _____        |
| \$600 Single Child After April 1        | _____       | x \$600 = | _____        |
| \$425 Additional Sibling Before April 1 | _____       | x \$425 = | _____        |
| \$510 Additional Sibling After April 1  | _____       | x \$510 = | _____        |

| Session 2: July 21-August 15 (4 weeks)  | <u># of</u> |           | <u>TOTAL</u> |
|---|-------------|-----------|--------------|
| \$700 Single Child Before April 1       | _____       | x \$700 = | _____        |
| \$800 Single Child After April 1        | _____       | x \$800 = | _____        |
| \$595 Additional Sibling Before April 1 | _____       | x \$595 = | _____        |
| \$680 Additional Sibling After April 1  | _____       | x \$680 = | _____        |

| Both Sessions: June 30-August 15 (7 weeks) | <u># of</u> |            | <u>TOTAL</u> |
|--|-------------|------------|--------------|
| \$1,100 Single Child Before April 1        | _____       | x \$1100 = | _____        |
| \$1,200 Single Child After April 1         | _____       | x \$1200 = | _____        |
| \$935 Additional Sibling Before April 1    | _____       | x \$935 =  | _____        |
| \$1,020 Additional Sibling After April 1   | _____       | x \$1020 = | _____        |

**TOTAL** \_\_\_\_\_

We would appreciate checks payable to: **Musicals at Richter**

PAYMENT METHOD: \_\_\_\_\_ CHECK      CASH \_\_\_\_\_ in person only

SIGNATURE: \_\_\_\_\_

# Musicals At Richter

## SUMMER YOUTH MUSICAL THEATER WORKSHOP

### Authorization & Waiver Form

*Please review, complete, and sign each of the forms/waivers. One or both parents or guardians must sign. These forms must be turned in before or at the first day of the program. No student will be allowed to participate without these forms.*

#### 1. EMERGENCY AUTHORIZATION FORM

I/We \_\_\_\_\_ are the parent(s) (custodial parent) or guardian(s) of \_\_\_\_\_ who is participating in the *SUMMER YOUTH MUSICAL THEATER WORKSHOP* program at Musicals at Richter. In the event I/We cannot be reached, I/We authorize the Program Directors or the acting person in charge of the program to make decisions regarding the emergency care of treatment of \_\_\_\_\_, including seeking an approving medical treatment. This Emergency Authorization is valid from \_\_\_\_\_ to \_\_\_\_\_, the dates of the program.

|      |                                 |                             |
|------|---------------------------------|-----------------------------|
| Date | Signature of Parent or Guardian | Relationship to Participant |
| Date | Signature of Parent or Guardian | Relationship to Participant |

#### 2. WAIVER OF LIABILITY FORM

In consideration of the use of the Richter House and stage facility, the undersigned understands that, as the parent(s) or guardian(s) of the participant, he/she/they is/are assuming full risk of injury arising from the use of these facilities. Any personal belongings that \_\_\_\_\_ brings with him/her to the Richter House is at his/her risk and is not the responsibility of Musicals at Richter. Further, the Musicals at Richter insurance coverage does NOT cover these items. I/We understand and agree that Musicals at Richter program personnel will provide \_\_\_\_\_, my/our child or ward, with instructions on any limitation to his/her participation as disclosed by the medical history report form. I/We am/are aware that Musicals at Richter SUMMER YOUTH MUSICAL THEATER WORKSHOP is an athletic and artistic discipline that involves physical activity. My/our child or ward's participation in this activity is with the knowledge that even when working slowly and safely on age appropriate skills within a safe environment there is always the potential for minor injuries.

|      |                                 |                             |
|------|---------------------------------|-----------------------------|
| Date | Signature of Parent or Guardian | Relationship to Participant |
| Date | Signature of Parent or Guardian | Relationship to Participant |

#### 3. WAIVER OF PUBLICITY FORM

I, the undersigned, give permission for the use of any photos, movies, and audio or video tapings of my child's activities in the Musicals At Richter SUMMER YOUTH MUSICAL THEATER WORKSHOP. The material so obtained may be employed with Musicals at Richter for educational purposes, media coverage or for publicity benefiting education.

|      |                                 |                             |
|------|---------------------------------|-----------------------------|
| Date | Signature of Parent or Guardian | Relationship to Participant |
| Date | Signature of Parent or Guardian | Relationship to Participant |

**Musicals at Richter Summer Youth Musical Theater Workshop**  
**MAR Kids Participant Medical History Report**

This form must be completed, signed and returned by parent or guardian. It is the aim of Musicals at Richter to have each participant enjoy as complete an experience as is possible within his/her capabilities. Your medical history will provide the essential information needed to meet this goal. The history is required primarily to determine what adjustments, if any, should be made in schedules of activities to meet the individual needs of participants, and that the participant may safely participate in those activities. **NOTE: MUSICALS AT RICHTER, THE DIRECTOR, AND ALL STAFF RESERVE THE RIGHT TO DETERMINE THE EXTENT OF PARTICIPATION OF EACH PARTICIPANT IN ALL ACTIVITIES CONDUCTED AT THE MUSICALS AT RICHTER SUMMER YOUTH MUSICAL THEATRE WORKSHOP.**

The CONFIDENTIAL information will also be used in the event of any participant injuries.

|   |  |                     |                         |
|---|--|---------------------|-------------------------|
| STUDENT (LAST NAME, FIRST,<br>MIDDLE) PRINT | PARENT / GUARDIAN NAME   |                     |                         |
| ADDRESS                                     | STUDENTS AGE / BIRTHDATE   |                     |                         |
| CITY, STATE, ZIP                            | <table border="0"> <tr> <td align="center">DAY PHONE<br/>(    )</td> <td align="center">EVENING PHONE<br/>(    )</td> </tr> </table> | DAY PHONE<br>(    ) | EVENING PHONE<br>(    ) |
| DAY PHONE<br>(    )                         | EVENING PHONE<br>(    )  |                     |                         |

**IN CASE OF EMERGENCY CONTACT (AVAILABLE 24 HOURS)**

|                             |              |                     |
|-----------------------------|--------------|---------------------|
| LAST NAME, FIRST,<br>MIDDLE | RELATIONSHIP | TELEPHONE<br>(    ) |
|-----------------------------|--------------|---------------------|

**PERSONAL HISTORY**

Check box beside those medical problems camp participant has had or currently has.

- |                           |                         |                        |
|---------------------------|-------------------------|------------------------|
| D Measles (Rubella)       | D Kidney                | D Pneumonia            |
| D Rubella (3-day measles) | D Insomnia              | D Mumps                |
| D Bladder problem         | D Chest pain            | D Chicken pox          |
| D Tension or depression   | D Chronic pain          | D Frequent headaches   |
| D Cancer                  | D Head Injury           | D Palpitations         |
| D Knee Sprains            | D Sinusitis             | D Hay fever, asthma    |
| D Thyroid                 | D Ear trouble           | D High blood pressure  |
| D Jaundice, liver disease | D Heart problem         | D Heart murmur         |
| D Tuberculosis            | D Stomach trouble       | D Throat problems      |
| D Eye trouble             | D Rheumatic fever       | D Hypoglycemia         |
| D Fainting                | D Back problem          | D Joint problems       |
| D Allergies (drugs/food)  | D S T D's               | D Gall bladder trouble |
| D Diabetes                | D Hernia                | D Sickle cell anemia   |
| D Seizure / Epilepsy      | D Neurological disorder |                        |
| D Ankle Sprains           | D Knee Sprains          |                        |
| o Mild                    | o Mild                  |                        |
| o Severe                  | o Severe                |                        |

Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list here any HOSPITALIZATION or OUT-PATIENT SURGERY camper has had within the past five years.

| Name of Hospital | City & State | Date | Type of illness or operation | Outcome |
|------------------|--------------|------|------------------------------|---------|
|                  |              |      |                              |         |
|                  |              |      |                              |         |
|                  |              |      |                              |         |
|                  |              |      |                              |         |