



Office Use Only ____ Date Rcvd ____ ____ Full Pymt. Rcvd
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2012

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 06813

Student's Name _____
Preferred Name/Nickname _____ Gender: M F
Date of Birth _____ Age as of July 2012 _____
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.



2012

SUMMER YOUTH MUSICAL THEATRE WORKSHOP PAYMENT FORM

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

SUMMER YOUTH MUSICAL THEATRE WORKSHOP 2012:

Number of Children

X \$375 Payable by April 15
\$425 Payable after April 15
DEADLINE July 15

Tuition
\$_____

ADDITIONAL SIBLINGS: Siblings

NO

Yes

X \$200 Payable by April 15
\$250 Payable after April 15

Siblings
\$_____

TOTAL
\$_____

We would appreciate checks payable to: Musicals at Richter
PAYMENT METHOD: ___ CHECK CASH ___ in person only

SIGNATURE: _____

Musicals At Richter

SUMMER YOUTH MUSICAL THEATRE 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 THEATRE 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 MAR KIDS are an athletic and artistic discipline that involves physical activity. My/our child or ward 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 THEATRE 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 Theatre 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 RESERVES 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, MIDDLE) PRINT	PARENT / GUARDIAN NAME		
ADDRESS	STUDENTS AGE BIRTHDATE		
CITY, STATE, ZIP	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">DAY PHONE ()</td> <td style="width: 50%; text-align: center; padding: 5px;">EVENING PHONE ()</td> </tr> </table>	DAY PHONE ()	EVENING PHONE ()
DAY PHONE ()	EVENING PHONE ()		

IN CASE OF EMERGENCY CONTACT (AVAILABLE 24 HOURS)

LAST NAME, FIRST, MIDDLE	RELATIONSHIP	TELEPHONE ()
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PERSONAL HISTORY

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

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

