



Office Use Only
Date Received _____
Full Payment Received _____

2026

Summer Youth Musical Theater 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 2026 _____

What grade will the student be going into in the 2026 - 2027 School Year? _____

Name of Parent(s)/Guardian(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Day phone # _____ Evening phone # _____

Mobile phone # _____

Email address _____

Emergency Medical information:

Doctor's Name _____

Doctor's Phone # _____

Do you have Health Insurance: Y/N

Insurance 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.



2026

SUMMER YOUTH MUSICAL THEATER WORKSHOP (SYMTW)

PAYMENT FORM

I would like to enroll my child with Musicals At Richter's
2025 SUMMER YOUTH MUSICAL THEATER WORKSHOP!

July 20th - August 15th

\$995 if Registered before April 1, 2026

\$1,095 if Registered after April 1, 2026

Full Payment DEADLINE is July 20th, 2026

SYMTW: July 20 - August 15 (4 weeks)		<u># of</u> <u>Children</u>			<u>TOTAL</u>
\$995.00	Single Child Registered Before April 1	_____	x \$995.00	=	_____
\$1,095.00	Single Child Registered After April 1	_____	x \$1,095.00	=	_____
\$895.50	Additional Sibling Before April 1	_____	x \$895.50	=	_____
\$985.50	Additional Sibling After April 1	_____	x \$985.50	=	_____
TOTAL					_____

Please make checks payable to: **Musicals at Richter**

mail checks to: Musicals at Richter, 100 Aunt Hack Road, Danbury, CT 06811

PAYMENT METHOD:

CHECK _____

CASH (in person only) _____

Credit Card: _____

(<https://musicalsatrichter.ludus.com>)

SIGNATURE: _____ DATE _____

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 on the first day of the program.
No student will be allowed to participate without these forms.*

1. EMERGENCY AUTHORIZATION FORM

I/We _____ is/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 and
treatment of _____, including seeking and approving of
medical treatment. This Emergency Authorization is valid
from _____ to _____, the entire 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, its grounds, and stage facility, the undersigned understands that, as the parent(s) or guardian(s) of the participant, he/she/they is/are assuming full responsibility of any injury arising from the use of these facilities. Any personal belongings that _____ brings with him/her to the Richter House and grounds is at his/her risk and is not the responsibility of Musicals at Richter. Furthermore, it is noted that the Musicals at Richter's insurance coverage does NOT cover these personal 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 based on what was disclosed by the medical history report form. I/We am/are aware that Musicals at Richter's *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 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 any publicity purposes.

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 DIRECTORS, 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 THEATER WORKSHOP.

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

Please Clearly Print the Following Information

Participant (LAST NAME, FIRST, MI)	STUDENTS AGE / BIRTHDATE
PARENT / GUARDIAN NAME	ADDRESS
DAY PHONE	MOBILE PHONE

IN CASE OF AN EMERGENCY CONTACT (AVAILABLE 24 HOURS)

FULL NAME
RELATIONSHIP
CONTACT NUMBER

PERSONAL HISTORY

Please check the box besides any current or previous medical issue

- | | | |
|--|--|---|
| <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 | |
| <input type="checkbox"/> Mild | <input type="checkbox"/> Mild | |
| <input type="checkbox"/> Severe | <input type="checkbox"/> Severe | |

Other _____

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

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