

**Musical Theatre Summer Camp - 8-13 yrs.**

**Registration Form**

***\*Please check your camp week of choice\****

**Week 1 (August 5 – 8, 2025) \_\_\_\_\_\_\_\_\_\_\_\_ Fee: $160.00**

**Week 2 (August 11 – 15, 2025) \_\_\_\_\_\_\_\_ Fee: $200.00**

**Time: 9:00 am – 3:00 pm.**

**\*If you are registering a second child within the same family, a discount of 15% is available. Please fill out a form for each child\***

**Student Information**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best Contact Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best Contact Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any food allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the student need to take any medications during camp times? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Musical Theatre Camp Details**

* Camp will begin at 9 am daily. Students may arrive between 8:30 – 9:00 am.
* Camp will end at 3 pm daily. Students should be picked up between 3:00 – 3:15 pm.

*\*If you are going to be late and need additional time for pick up, please let us know and we can try to assist within reason.*

* Please ensure your child has a nut free lunch and small snack daily.
* Please bring a bottle of water and you will be able to fill it as needed throughout the day.
* Please come dressed in comfortable clothing including shoes that stay on (no flip flops please).
* Please bring a pencil and a binder or duo tang for hand outs.
* We will start each day with a check in and warm up. *A more in-depth class plan will be provided on the first day.*
* Each day we will be *singing*; working on simple *movement/choreography*, *acting/* *improv games* and *lines/scene work.* You don’t have to have any experience! Everyone is welcome and we will work from where you are at.
* Students will work on an ensemble number together as well as small scenes and possibly solo numbers, depending on students’ willingness and comfort level.
* At the end of the final day, there will be a small sharing/presentation for parents and family members. **More details to come!**

**Behavioural Expectations:**

* This is an ensemble class which means that everyone works together as a group. We support each other in the work and make it a safe space for every individual to be in.
* Respect for ourselves, each other and the space we work in is important and a necessity.
* Disruption of the class in any way, showing disrespect for fellow classmates, the instructor or the space will not be tolerated.
* If a student is having difficulty following these guidelines, we will follow a **3-step process to address this**: **1**) the instructor and the student will have a discussion on how better to work within the class expectations. If the student is still having difficulty, 2) the parent or guardian will be contacted. If the student still proceeds to be disruptive in class, **3)** he/she will be asked to leave and the class fee will not be reimbursed.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Student Date**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Parent/Guardian Date**

**RELEASES:**

**Media Release:**

I allow Voicebodyworks and Crystal Hanson to use video and or photos taken of my child during class for promotional material and waive any copyright on the subject matter.

Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature

**Health/Medical Form**

In the event of any emergency or illness, I authorize Voicebodyworks and Crystal Hanson to seek medical attention for my child if deemed necessary. I also am aware that if my child requires emergency medical attention, that the musical theatre team will take steps to inform me immediately if my child has been in an emergency and what has been done to support the child (i.e. taken to the hospital by ambulance).

I authorize Voicebodyworks and Crystal Hanson to provide First Aid care to my child onsite if required.

Every precaution will be taken to ensure each child’s safety and good health. In the event of an emergency or illness, I release Voicebodyworks and Crystal Hanson and any volunteers from all claims, demands, right of action, present or future, whether the same be known, anticipated or unanticipated.

I acknowledge that my child will be under supervision at all times. I also understand that I will not hold Voicebodyworks, Crystal Hanson or the musical theatre team liable for any damages or injuries sustained by the child in or on the premises during the camp sessions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

**Day End Release:**

Please list the names and contact information for those who have authority to pick up your child at the end of each day:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Contact Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Contact Number

**PAYMENT INFORMATION**

Camp Fees:

$200/week

\**Handouts and recordings included in fee*.

\*Scholarships may be available to support those that require funding assistance.

**Payment may be made via E transfer to:** **cdhanson67@gmail.com**

**If credit card payment is preferred, please contact Crystal Hanson at** **cdhanson67@gmail.com** **or (780) 231-9401 to make payment arrangement.**

**Withdrawal Policy:**

A student may withdraw from the camp up to 1 week prior to the start of the camp. An **administration/cancellation fee of $25** will be charged prior to reimbursement of initial fee.

We are looking forward to working with you!

Thank you!

Crystal Hanson & the

Musical Theatre Team

 