

**Frozen Music Theatre Camp Registration Form**

**Circle one:**      AM Camp 9:00 am -12:00 pm                      PM Camp 12:30 - 3:30 pm  
(Please print)

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

Parent's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Parent email: \_\_\_\_\_ Name of School \_\_\_\_\_

Student's Grade in School this coming Fall : \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Shirt Size: Child 10/12 14/16 Adult Small Med Lrg XL Height \_\_\_\_' \_\_\_\_" Pant/Short Size \_\_\_\_\_

List all medical or emotional conditions, allergies or medications we should be aware of \_\_\_\_\_  
\_\_\_\_\_ (use back if needed)

If parents can't be reached, whom should we contact in case of emergency?

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

My son/daughter (Child's name) \_\_\_\_\_

has my permission to participate in the All About Music, Inc. (Herein referred to as the Company) Music Theater Camp. As Child's Parent or Guardian, I release the Company from any and all liability, damages, or claims whatsoever for any injury or harm that may occur to my Child while participating in any rehearsal, activity or performance provided by the Company. I agree that I will make no claim or demand against the Company if an injury or accident occurs during any rehearsal, activity or performance provided by the Company. I will look to my own resources, insurance or assets to pay all medical bills, damages or losses whatsoever if any injury occurs. The term Company includes all employees, subcontractors, volunteers or other staff of the Company participating in the camp. In addition the Company may use any photographs or video taken of my Child while participating in the camp for publicity or promotion. I also give my permission to release my Child to the emergency contact listed above.

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Frozen Camp \$325 May be split into 2 payments \$175 1st payment due with registration \$150 2nd payment due by April 30th Discount rate of \$300 if paid in full by March 31st)

Payment: Amount: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Balance Due \$ \_\_\_\_\_