



Summer Theatre Camp 2024 REGISTRATION FORM

Please email completed form to showcaseonmain@gmail.com or mail to 116 E. Main Street, Elkton, MD 21921 or drop off at the theatre at the address above.

Participant Information

Please print legibly or type.

Last Name: _____ First Name: _____

Gender: Female Male Non-Binary Age: _____ T-Shirt Size: _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Guardian 1 Name: _____

Guardian 1 Day Phone: _____ Guardian 1 Cell: _____

Guardian 1 E-mail: _____

Guardian 2 Name: _____

Guardian 2 Day Phone: _____ Guardian 2 Cell: _____

Guardian 2 E-mail: _____

Person(s) Authorized to pick up child: _____

Other Dismissal Arrangements: _____

Emergency Contact (Other than guardians): _____

Relationship: _____ Phone: _____

Fees for the camp are as follows:

\$500.00 per student if registered by May 1, 2024 • \$550.00 per student if registered by June 1, 2024
\$600.00 per student any time after June 1, 2024

Please make checks payable to **Showcase on Main** or use our credit card form below. If you pay by credit card a processing fee of 3.5% will be added to the payment. *Payment plans are available.*

Payment Information

By filling out this section, you agree to allow **Showcase on Main** to charge your credit card the summer camp registration fee for your child.

Credit Card Number: _____ CVC: _____

Expiration Date: _____ Zip Code: _____ Amount to be charged: _____

Camp Student Waiver

REQUIRES LEGAL GUARDIAN SIGNATURE

You have my permission, in the event of an emergency and in case contacts are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat me/my child as they may deem advisable.

Legal Guardian Name: _____ Date _____

Legal Guardian Signature _____ Date _____

Specify any health problems our staff should be aware of: _____

Specify any allergies our staff should be aware of: _____

Doctor: _____ Phone number: _____

Insurance Carrier: _____ Policy Number: _____

I hereby give permission to **Showcase on Main** to photograph and/or videotape you or your child for educational or promotional purposes. _____ (Initial)

STUDENT OR PARENT STATEMENT

I hereby state that (Student's Name) _____ is in good mental and physical health condition to participate in the activities provided by **Showcase on Main** including but not limited to all aspects of theater, tumbling, and dance training. I hereby release **Showcase on Main, its employee and its staff** from liability to the above named activity, of the person claiming through him/her, arising from injury to the person or property of the above named Student/Actor occurring in the premises of **Showcase on Main** including any event sponsored or sanctioned by **Showcase on Main** and or travel to and from such activities.

I understand that **Showcase on Main** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Showcase on Main** or its scheduled program and that **Showcase on Main** has the right to send him/her home for inappropriate conduct. No refunds will be given. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Guardian Signature _____ Date _____