

Student Name: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Age at time of camp: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact phone #1 \_\_\_\_\_ Circle one: cell/home/work Contact Phone #2 \_\_\_\_\_ Circle one: cell/home/work

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

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

✓ Circle camper's T-shirt size: YS YM YL AS AM AL AXL (late registrants are not guaranteed a t-shirt)

✓ **Week Choice(s):**

Week 1 camp ONLY: June 10-14 (50% due at registration)

Week 2 camp ONLY: June 17-21 (50% due at registration)

Both Weeks: June 10-14 AND June 17-21 (50% for each week due at registration. Different material covered each week.)

**Check camp selection below:**

**Kid Classics, Ages 4-5**  
9:30 am—10:30 am, \$65 per week

**Groundlings, Ages 6-8**  
9:30 am—12:00 pm, \$160 per week

**Jesters and Fools, Ages 9-11**  
9:30 am — 3:00 pm, \$225 per week

**Upstart Crows, Ages 12-13**  
9:30 am — 3:00 pm, \$225 per week

**Rude Mechanicals, Ages 14-18**  
9:30 am — 3:00 pm, \$225 per week

Great Lakes Theater's CAMP THEATER! will be held in Berea-Midpark High School's auditorium and the adjacent classrooms. Berea-Midpark High School is located at 165 East Bagley Road, Berea, Ohio 44017.

Due at time of registration: please enclose at least 50% of your total payment (per child) for each week of camp. Full payment will also be accepted.

Your balance is due **May 10th** for WEEK 1 and **May 17th** for WEEK 2. If you should decide to cancel prior to May 10th for week 1 & May 17th for week 2, you will receive a refund minus 20% of your camp week's total.

Check payable to Great Lakes Theater enclosed:  
\$ \_\_\_\_\_ Check # \_\_\_\_\_.

Credit card: New! Visit [greatlakestheater.org/event/camptheater](http://greatlakestheater.org/event/camptheater) to pay by credit card online. Available for half and full payments.

Please mail registration form and deposit to: Kelly Schaffer Florian, 1501 Euclid Ave., Suite 300, Cleveland, Ohio 44115. Scanned registration forms can be emailed to [kflorian@greatlakestheater.org](mailto:kflorian@greatlakestheater.org). Questions? Contact Kelly Schaffer Florian at 216.453.4443.

**MEDIA RELEASE:** I give my permission for Great Lakes Theater to take and use: photographs and/or digital images or recordings of me, possibly including name and identity, for use in news releases, publicity and promotions and/or educational materials. I authorize the use of these images without compensation to me and release GLT from any liability for violation of any personal, privacy, or property rights which I might have in connection with the use of the photograph or recording.

X \_\_\_\_\_ X \_\_\_\_\_  
Parent/Guardian (if under 18 years) Camper (if 18 or older)

Method by which you learned about GLT Camp Theater! \_\_\_\_\_



# Medical Authorization Form

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone #1 \_\_\_\_\_  
Phone #2 \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone #1 \_\_\_\_\_  
Phone #2 \_\_\_\_\_

**Additional persons who can be called in an emergency:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

**Physician to be called in an emergency:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Dentist to be called in an emergency:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Medical insurance information:**

Insurance Company \_\_\_\_\_  
Group Name/Plan Number \_\_\_\_\_

**Allergies or other medical limitations:**

\_\_\_\_\_

**Permission for medical treatment:** Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance. In case of accident or emergency, I authorize my child's caregiver or other authorized adults to take my child to the above-named physician or to the nearest hospital for emergency treatment. I authorize the administration of measures as are deemed necessary for the safety and protection of the child.

**Parent's signature**

**Date**

\_\_\_\_\_