



CAMP MUSIC CIRCUS

APPLICATION

July 6-17, 2020 | 9:00 AM - 5:00 PM

Ages 9 to 12

For office use only:
 Account#: _____
 Payment #1 _____
 2 _____
 3 _____
 Date: _____ In Roster: _____
 E-Mail confirmation: _____

Registration Fee: \$750.00 (Scholarship opportunities available)

Registration form and fee due by June 1, 2020

MANDATORY ORIENTATION: Late June (Date TBA)

1. CONTACT INFORMATION (Please print clearly or type)

Child's Name: _____ Nickname: _____

Grade in School: _____ Age: _____ Birth Date: ____/____/____ Gender Identity/Pronouns: _____

Parent/Guardian 1:

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Cell: _____ Work: _____

Email: _____

Parent/Guardian 2:

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Cell: _____ Work: _____

Email: _____

2. EMERGENCY INFORMATION

Name of Emergency Contact: _____ Cell Phone: _____

Medical Insurance Carrier: _____ Policy #: _____

Please list any medical conditions, chronic ailments, allergic reactions, physical disabilities or school IEP accommodations that we should be aware of: _____

Please list any medications your child is taking: _____

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by Broadway Sacramento to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by Broadway Sacramento to secure and administer treatment. I also understand and believe the child for whom this application is made to be in a condition of health and soundness of body that warrant undertaking the camp. I further agree to pay any and all costs associated with treatment not covered by my insurance.

Parent/Guardian Signature

Date

3. SUPPLEMENTARY MATERIALS

To help our teaching staff and counselors get to know you better, please include the following with your application:

- 1) A one-paragraph statement (4-6 sentences) written by your child, describing any background they've had in theatre, music, or dance, and/or their hobbies, and why they would like to attend Camp Music Circus
- 2) A 60-90 second introductory video clip of your child. Have them tell us what they are most looking forward to about Camp Music Circus.
 - Please send videos directly to mdiab@broadwaysacramento.com, even if mailing in your application
 - *These videos will only be viewed by the staff of Camp Music Circus as inspiration for the development of the summer program. They will not be shared or used for any other purposes.*

4. RELEASE OF LIABILITY

My child, _____ has permission to attend Camp Music Circus (July 6 to July 17, 2020) at the facilities of Broadway Sacramento and The City of Sacramento. I understand that I am releasing Broadway Sacramento, the City of Sacramento and the Camp Music Circus instructors and volunteers from any and all liabilities incurred while at the program.

5. AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS

I, _____, expressly grant to Broadway Sacramento and to its employees and agents the right to photograph, film or videotape my child and to use the resulting images in media promoting Broadway Sacramento and its activities.

I further grant the right to record and reproduce my child's voice and all instrumental, musical and other sound effects produced by my child. I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

How did you hear about Camp Music Circus?

E-Mail

Web Page

Friend

Social Media

Broadway Sacramento Playbill

My child has participated in Camp

My child auditioned for Broadway At Music Circus

Other: _____

APPLICATION MATERIALS CHECKLIST:

- 1) Application
 - a) 1-paragraph statement
 - b) Video clip
- 2) Registration fee/Payment Installment Form
- 3) Scholarship Application (if applicable)
 - a) Letter from parent/guardian

Please return completed application materials to:

Broadway Sacramento
ATTN: Camp Music Circus
1510 J Street, Suite 200, Sacramento, CA 95814

You may also scan and email applications to Mason Diab at mdiab@broadwaysacramento.com

PAYMENT:

We accept cash, checks payable to Broadway Sacramento, or Visa, MasterCard, American Express or Discover.

To pay by credit card over the phone, please contact: Mason Diab at 916-446-5880, ext 133

**Broadway Sacramento reserves the right to exercise discretion in accepting applicants.
Enrollment is on a first-come, first-served basis and will end when we reach program capacity.**

For questions or concerns, please contact Marissa Eng, Director of Education, at 916-446-5880, ext 122

PAYMENT INSTALLMENT FORM (Return with Application)

If you wish to pay in installments, we offer payment plans for Camp Music Circus. The first installment is due with the Camp Music Circus application and each of the remaining payment(s) will be due by the 1st of the month.

PLEASE NOTE that the initial payment is non-refundable as it secures a space in the camp.

3 Installments

<u>Due Date</u>	<u>Amount</u>
Register by April 1	\$250
May 1	\$250
June 1	\$250

2 Installments

<u>Due Date</u>	<u>Amount</u>
Register by May 1	\$375
June 1	\$375

I would like to enroll in a payment plan for Camp Music Circus

Parent/Guardian Signature

Date

Payment Plan: _____ 3 Installments _____ 2 Installments