



Theatre Camp Registration 2019

Camper Name _____ Date of Birth ____/____/____

Current School _____ Grade Entering ____ M ____ F ____

MOTHER/GUARDIAN/CO-PARENT

Name _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ State ____ Zip _____

FATHER/GUARDIAN/CO-PARENT

Name _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ State ____ Zip _____

AUTHORIZATION TO RELEASE

For security purposes a photo ID must be presented to staff each time a camper is picked up early by a parent or anyone on the authorization list. We cannot accept phone calls requesting a change or an addition to the authorization to release list. All changes must be made in person by the parents/guardian. Other than parent(s), please list additional people who are authorized to pick up your camper.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

EMERGENCY CONTACTS

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

RELEASE OF LIABILITY

As a parent or legal guardian of the above camper(s), I agree for the noted camper(s) to attend NSU University School’s Art Institute: (the Academy of the Arts) : I/we authorize the use of photographs of my camper (s) to be used in publications, websites, and/or advertisements. I/we hereby release Nova Southeastern University, Inc., its trustees, officers, agents, and employees, the NSU University School, its officers, employees, agents and instructors from any and all liability for any injury, damage, claim, demand, action, loss, liability, cost and expense (including, without limitation, reasonable attorney’s fees) of any nature that I/we may at any time have or incur, while taking part in the Academy of the Arts at NSU University School. I/we hereby agree that I/we will be responsible for any loss, damage, or destruction by my child.

REFUND POLICY

There are **NO REFUNDS** for the Academy of the Arts at NSU University School. I understand and accept this no-refund policy.

Initial: _____

DEPOSITS

A non-refundable deposit of \$200 per camper, must accompany this application for registration to be complete. I understand the deposit enclosed will be applied towards Academy of the Arts at NSU University School. I agree to pay the balance on or before **June 9, 2017**. I am aware that this deposit is non-refundable and will be forfeited if my child does not attend. There are no refunds for late arrival or early departure for a camper dismissed for disciplinary action or for emergency weather situations. If payment procedures are not followed, the person responsible for payment will be sent to collections.

Parent/Guardian Signature: _____ Date: _____

Musical Theatre Camp Presents:

“The Music Man Jr.”

Age: Rising 3rd Graders through Rising 9th Graders

Camp Dates: Monday, June 17-July 12, 2019

(No Camp on Thursday, July 4)

Show Dates: Friday, July 12 at 6:00pm

Time: 9:00 a.m. – 4:30 p.m.

\$1200.00 (includes lunch & morning snack)

***** \$200 Non-Refundable deposit *****

Before Care: \$125.00 (7:30am-8:45am)

After Care: \$130.00 (4:30pm-5:30pm)

Before & After Care: \$250.00

FRIENDLY REMINDERS:

FOR PARENTS WHOSE CAMPERS ARE NOT CURRENT NSU UNIVERSITY SCHOOL STUDENTS:

Must complete the Authorization for Medication/Treatment Form, the DH/HRS Form 3040 (yellow), and the DH/HRS Form 66680 (blue) with a physician’s signature and submit it with this application.

FOR PARENTS WHOSE CAMPERS ARE CURRENT NSU UNIVERSITY SCHOOL STUDENTS:

Must complete the Authorization for Medication/Treatment Form with a physician’s signature and submit it with this application.

Your child cannot be registered without this information.

PAYMENT

No camper will be permitted to start a session if their account is not paid in full

CIRCLE PAYMENT METHOD:

Check • Cash • MasterCard • Visa • American Express

You may fax the registration form with your payment information to 954-262-3224.

ALL DEPOSITS ARE NON-REFUNDABLE

Cardholder’s name _____ Total Amount _____

Signature _____

Credit Card Number _____ Expiration Date: ____/____/____

Billing Address _____ Billing Zip Code _____

Authorization for Medication/Treatment

Student's Name: _____ Date of Birth: _____

Grade: _____ Allergies: _____

OTC (Over-the-counter) STANDING ORDERS

MEDICATION	DOSAGE & ROUTE	FREQUENCY	INDICATION FOR USE
Acetaminophen	PER BOTTLE INSTRUCTIONS		
Ibuprofen	PER BOTTLE INSTRUCTIONS		
Benadryl	PER BOTTLE INSTRUCTIONS		
Tums	PER BOTTLE INSTRUCTIONS		
Caladryl Lotion	PER BOTTLE INSTRUCTIONS		
Neosporin/Polysporin	PER BOTTLE INSTRUCTIONS		
Chloraseptic Throat Spray	PER BOTTLE INSTRUCTIONS		
Cough Drops	PER PACKAGE INSTRUCTIONS		

OTHER MEDICATIONS

MEDICATION	DOSAGE & ROUTE	FREQUENCY	INDICATION FOR USE

TREATMENTS DURING SCHOOL HOURS (i.e.; nebulizer, blood glucose checks, etc.)

Physician's Name (Please print)

Physician's Signature

Date

Physician's Telephone #: _____

Fax #: _____

I grant the nurse, principal or his /her designee the permission to assist or perform the administration of each medication or treatment/procedure to or for my child during the school day including when he/she is away from school property for official school events.

NOTE:

- Medication will only be administered if a completed Authorization for Treatment form has been submitted.
- Prescription or other than common OTC medications supplied by the school supply must be in the original container.
- Only medications/treatments authorized by a physician may be administered by school personnel.
- It is your responsibility to notify the school when there is a change in medication/treatment regimen.

RELEASE: THIS STATEMENT MUST BE SIGNED FOR ATTENDANCE. The person herein described has permission to engage in all prescribed activities as noted.

Initial: _____

MEDICAL INFORMATION

Your camper's health and safety is very important to all of us at Camp Nova. Please be assured that we will share any and all medical/allergy information with your campers' counselors, including all camp vendors who interact

with your children. Please let us know if there are any additional concerns that the Camp Nova staff should be aware of?

 Parent/Guardian Name (Please print)

 Signature of Parent/Guardian

 Date

 Home Phone Number

 Work Phone Number (Include Ext. if any)

 Cell Number