



REGISTRATION FORM

Student Name: _____

Birthday: _____ Age: _____

School: _____

Grade: _____ Gender: _____

Parent/ Guardian's full name: _____

Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

Allergies/Medical Needs (if any): _____

Please list any medications your child is on: _____

How did you hear about the Camp? _____

Part you would like to be considered for: _____

Conflicts: _____

Please choose week(s) of camp

Week 1 - Disney Theme

Week 2 - Marvel Theme

Week 3 - SpongeBob Theme

Week 4 - Dr. Seuss Theme

Week 5 - Tacky Tourist Theme

Week 6 - Under The Sea Theme

For any questions, you can email the Education Director, Cathy Randazzo Olsen, at cathy@lakeworthplayhouse.org or call at 561-586-6169 ext. 217.



POLICIES & PROCEDURES

1. Enrollment Confirmed upon receipt of completed Registration Form, signed Policies & Procedures, and deposit paid.
2. Spongebob the Musical Summer Camp is \$800. A \$100 deposit is due on May 12th to hold your child's spot. 50% of the balance is due on June 4th. The remaining balance must be paid in full on June 16th.
3. Payments may be made:
 1. via **Paypal** or
 2. through our **Box Office**; you can call or email our Box office manager Judith Johnson at 561-586-6410 or judith@lakeworthplayhouse.org.
4. Camp Exchanges may only be obtained through approval from the Education Director.
5. All sales are final.
6. Missed rehearsals cannot be refunded or reapplied to future classes.
7. Medical Authorization: The undersigned hereby fully releases and discharges the Lake Worth Playhouse, Inc., its assigns and successors, from all rights, claims and actions which the minor or his or her successors may have against the Lake Worth Playhouse, Inc., arising out of the minor's or individual's participation. The undersigned also authorizes the Lake Worth Playhouse to arrange for emergency medical treatment on the student's behalf in the event that Lake Worth Playhouse Staff are unable to contact the parent or guardian of a minor student, or in the event an adult student is unable to arrange for emergency medical treatment for any reason.
8. We have taken enhanced health and safety measures—for you, our patrons and our employees. You must follow all posted instructions while visiting the Lake Worth Playhouse. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and Guests with underlying medical conditions are especially vulnerable. By visiting the Lake Worth Playhouse you voluntarily assume all risks related to exposure to COVID-19. Help keep each other healthy. By entering the Lake Worth Playhouse, you acknowledge that you understand and will abide by the above health-and-safety requirements.
7. Media/Photo Release: The undersigned authorizes the Lake Worth Playhouse to use photos and video images of Lake Worth Playhouse students for publication and promotional purposes.
By signing below, I agree all of the above information is correct to the best of my knowledge.

Parent/Guardian

Date



Parents can either pay via PayPal or through the box office.

Please fill out the information below:

Student Name: _____

Birthday: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Parent/ Guardian's full name: _____

Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

Allergies/Medical Needs (if any): _____

Camp Fee - \$800

Deposit Due - \$100 due on May 12th, 2021

50 % of remaining balance due on June 4th, 2021

Remaining balance due on June 16th, 2021

Please select a Payment Type:

- PayPal
- Check
- Credit Card via the Box Office

Account Type: Visa Master Card Discover AMX

Cardholder Name _____

Credit Card Number _____

Expiration Date _____ CVV2 (3-digit number on back of Visa/MC) _____

Cardholder Signature _____



SIGN-OUT AUTHORIZATION

CAMPERS NAME (Please Print): _____

Parent or Legal Guardian 1 (Print Name): _____

Cell Phone: _____ Home Phone: _____

Parent or Legal Guardian 2 (Print Name): _____

Cell Phone: _____ Home Phone: _____

OTHER THAN THE PARENT OR LEGAL GUARDIAN, I GIVE THE FOLLOWING PERSON(S) PERMISSION TO PICK UP MY CHILD:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

I, the undersigned, have indicated my choice above and agree that once my child leaves The Lake Worth Playhouse or is released to me or one of the above named authorized people, The Lake Worth Playhouse is no longer responsible for his/her whereabouts, actions, or welfare.

Parent or Legal Guardian Signature: _____ Date: _____



MEDICAL RELEASE

If a medical emergency occurs which involves the need to take your child to the doctor or the hospital emergency room and we cannot reach you, we must have your written permission for us to seek medical attention or the doctor will not see the child. All efforts will be made to contact you or the emergency contact person listed above.

Allergies/Medical Needs (if any): _____

Please list any medications your child is on (if any): _____

WE ALSO NEED THE FOLLOWING INFORMATION:

Do you have medical insurance covering your child? YES NO

If so, what is your insurance company? _____

Policy Number: _____

PLEASE SIGN THE FOLLOWING STATEMENT:

The information in this release is correct as far as I know. My child has permission to take part in all Lake Worth Playhouse summer camp activities. I understand that every attempt will be made to contact me in case of an emergency. In the event that I cannot be reached, I give my consent to emergency transportation, x-rays, medical treatment(s), surgery, or dental care for my child. I agree to assume responsibility for charges so incurred.

Parent or Legal Guardian: _____