



## REGISTRATION FORM

(please complete a separate application for each child registered)

### Part 1: General Information

Camper's Name: \_\_\_\_\_

First Middle Last

Camper's Primary Address: \_\_\_\_\_

(where all camp correspondence should be sent) (Street/PO Box) (City) (State) (Zip)

Name for Name Tag: \_\_\_\_\_ Male Female - Date of Birth: \_\_\_\_\_

(MM/DD/YY)

Camper's Grade in  
September 2010: \_\_\_\_\_ Camper's Primary Phone Number: (\_\_\_\_) \_\_\_\_\_

FREE T-Shirt Size: Youth L (14-16) Adult S Adult M Adult L Adult XL Adult XXL

### Part 2: Family Data

Mother / Guardian 1: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

First Last Phone

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

(Street/PO Box) (City) (State) (Zip)

Lives with Mother / Guardian 1: (CIRCLE ONE) FULL TIME PART TIME

Father / Guardian 2: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

First Last Phone

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

(Street/PO Box) (City) (State) (Zip)

Lives with Father / Guardian 2: (CIRCLE ONE) FULL TIME PART TIME

Emergency Contact \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Name Phone Relationship to Camper

Emergency contact is in addition to Mother / Father or Guardian Information. It must be a different person than who is listed above. This person will be contacted in an emergency should we not be able to reach the Mother, Father or Primary Guardians.

List names of camper(s) from this household who are applying for camp:

(This helps us to know who you belong to. Many times family members do not all have the same last name, or there are campers with the same last name who are not related.)

Camper 1: \_\_\_\_\_ Camper 2: \_\_\_\_\_

Camper 3: \_\_\_\_\_ Camper 4: \_\_\_\_\_

### Part 3: Church Information

If you go to church, please fill in the name and location of the church that you are presently a member or attending.

Church: \_\_\_\_\_

Church Name City

This information will NOT affect a camper's acceptance to the Summer Camp Programs or for the awarding of Scholarships.

#### Part 4: Additional Information (to be completed by the Parent / Guardian)

Do you plan to apply for a full or partial scholarship\* for this camper? YES \_\_\_\_\_ NO \_\_\_\_\_

\*Please completely fill out the separate Scholarship Application. All Scholarship Applications must be received or postmarked by June 10, 2010 to be considered.

Will you need to drop off your child[ren] before 9AM, no earlier than 8AM \_\_\_\_\_

Will you need to pick up your child[ren] after 5PM, no later than 6PM \_\_\_\_\_

#### Part 5: Health Information

Food / Dietary needs or Allergies:

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Medical / Physical Needs or Allergies:

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If there are other special needs, please attach a separate piece of paper explaining those needs in detail.

Is the camper covered by health insurance? NO \_\_\_\_\_ YES \_\_\_\_\_ If so, please name of the insurance company.

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#### Part 6: Payment Summary

The total cost of Musical Theater Camp, \$99, must be submitted before registration is considered complete. If you are in need of scholarship please indicate so in SECTION 4.

Total Camp Tuition for this Camper enclosed with this application: \$ \_\_\_\_\_

**Personal Check** Check# \_\_\_\_\_ In the amount of \$ \_\_\_\_\_ Name on Check: \_\_\_\_\_

**Church Check** Church Check# \_\_\_\_\_ In the amount of \$ \_\_\_\_\_ Name on Check: \_\_\_\_\_

**Debit/Credit Card** (VISA & MASTER CARD) Amount to be Charged: \_\_\_\_\_

Debit/Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name on Card: \_\_\_\_\_

Expiration: \_\_\_\_\_ 3 Digit ID from back of card: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Card Holder's Name & Signature \_\_\_\_\_

Sign Name Print Name

#### Part 7: Authorization (Signature of Parent/Guardian Required)

Your signature confirms that you have read and agree to the policies and consents of the Academy of the Arts Summer Camps.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

There are 2 Ways to Register:

1. Online at: [www.southshoreumc.com](http://www.southshoreumc.com) 2. By mail: 11525 Big Bend Rd. Riverview, FL 33579 3. by email [camp@southshoreumc.com](mailto:camp@southshoreumc.com)