

## 2018 SUMMER CAMP REGISTRATION FORM

### Student Information

First Name:	MI:	Last Name:
Date of Birth (mm/dd/yyyy):		
Gender:	Age:	Upcoming School/Grade: /
T-Shirt size:		
<p>Youth: YS YM YL</p> <p>Adult: XS S M L XL</p> <p>One t-shirt is included with registration. Additional t-shirts are available for \$15.</p>		

### Parent/Guardian Information

Parent/Guardian Name:	Relationship to student:	
Address:		
City:	State:	ZIP Code:
Email Address:		
Home Phone Number:	Cell Phone Number:	

### Camp Choice

*Enrollment is not complete until payment is made in full.*

*There is a 15% discount is available for each additional sibling and a 15% discount for rising 6<sup>th</sup>-10<sup>th</sup> graders who choose to attend both camps (Hotcakes & Silver Dollar)*

_____	FLAPJACKS ACTING CAMP #1 (Rising K – 5 <sup>th</sup> Graders): July 2 – July 6, 2018 Monday - Thursday, 9:00 a.m. – 2:00 p.m. Friday 9:00 a.m. – 1:00 p.m. with parent observation from 12:00 – 1:00 p.m.	\$200
_____	SILVER DOLLAR MUSICAL THEATRE CAMP (Rising 6 <sup>th</sup> – 10 <sup>th</sup> Graders): July 9 – July 20 M-F, 9:00 a.m. – 2:00 p.m. with a performance on Friday, July 20 <sup>th</sup> at 6:00 p.m.	\$425
_____	HOTCAKES ACTING CAMP (Rising 6 <sup>th</sup> – 10 <sup>th</sup> Graders): July 9 – July 20, 2018 M-F, 9:00 a.m. – 2:00 p.m. with a performance on Friday, July 27 <sup>th</sup> at 6:00 p.m.	\$200
_____	FLAPJACKS ACTING CAMP #2 (Rising K – 5 <sup>th</sup> Graders): July 30 – August 3, 2018 Monday – Thursday, 9:00 a.m. – 2:00 p.m. Friday 9:00 a.m. – 1:00 p.m. with parent observation from 12:00 – 1:00 p.m.	\$200

## MEDICAL INFORMATION FORM

### Camper Information

Please list any physical injuries or health problems that we should be aware of:

Please list any allergies or medical restrictions:

Please list any food allergies:

Please list any medication or other information we should know about your child:

### Physician & Insurance Information

Pediatrician Name:

Dentist Name:

Phone Number:

Phone Number:

Pediatrician Phone Number:

Dentist Phone Number:

Insurance Company Name:

Insured's Name:

Insurance Policy Number:

### Emergency Contact Information

*Please name two people below to contact in an emergency in case you cannot be reached.*

Name:

Relationship to camper:

Phone Number:

Cell Number:

Name:

Relationship to camper:

Phone Number:

Cell Number:

### Persons Authorized to Pick Up Camper (other than parent/guardian completing this form)

Name/Relationship to Student:

Cell Phone:

Name/Relationship to Student:

Cell Phone:



# WAIVER OF LIABILITY – MEDICAL AUTHORIZATION

\*\*\*READ CAREFULLY BEFORE SIGNING\*\*\*

## RELEASE & WAIVER:

I recognize that serious injuries, including permanent paralysis or death can occur in activities involving height or motion. I am fully aware of these dangers and hereby give consent for my child(ren) to participate in the Summer Theatre Camp at The 5 & Dime and I accept all risks associated with this participation.

In consideration for my child(ren)'s participation, I hereby for my child(ren) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE The 5 & Dime, Inc. and Shortstack Theatre Company, their officers, directors, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation in the theatre camp, including those damages or injuries resulting from acts of negligence. I specifically release The 5 & Dime, Inc. and Shortstack Theatre Company from any claims of negligence in consideration for my child(ren)'s participation, up to and including any and all claims for economic damages, noneconomic damages, and punitive damages.

In any event of accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold The 5 & Dime, Inc. and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at The 5 & Dime.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I voluntarily affix my name in this agreement.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## PHOTO RELEASE

I give permission for The 5 & Dime to take photos of my daughter/son to use for purposes of promoting the theatre's programming. Yes  No

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



## PAYMENT INFORMATION

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Flapjacks Acting Camp #1: \$200/student; \$170/each additional sibling \$ \_\_\_\_\_

Silver Dollar Musical Theatre Camp: \$425/student; \$361.25/each additional sibling \$ \_\_\_\_\_  
or if also enrolling in Hotcakes Acting Camp

Hotcakes Acting Camp: \$200/student; \$170/each additional sibling or if also enrolling \$ \_\_\_\_\_  
in the Silver Dollar Musical Theatre Camp

Flapjacks Acting Camp #2: \$200/student \$170/each additional sibling \$ \_\_\_\_\_

Total Amount to be charged: \$ \_\_\_\_\_

Scanned Registration packets may be e-mailed to [craig@The5andDime.org](mailto:craig@The5andDime.org)

Registration Packets and/or payments may be mailed to:

THE 5 & DIME  
112 East Adams St.  
Jacksonville, FL 32202

Online registration:

[www.The5andDime.org](http://www.The5andDime.org)

(904) 367-5100