



2019 SUMMER CAMP REGISTRATION FORM - BUFFALO, NY

CAMPER INFORMATION *(Please print clearly)*

Name _____ Date of Birth _____ Male Female
 Address _____ City _____ State _____ Zip _____
 Home Telephone(____) _____ Parent E-mail _____
 Parent's/Guardian's Name(s) _____
 Parent Cell Telephone (____) _____ Work Telephone (____) _____
 Emergency Contact _____ Telephone (____) _____

I am interested in signing up for the following camp(s):

- Camp Broadway's **Mainstage** – July 22-26, 2019 (\$550 per camper; ages 10-17)
 Camp Broadway's **The Next Step** – July 29-August 2, 2019 (\$800 per camper; ages 14-17)
 I am interested in both camps

CAMPER T-SHIRT SIZE *(Circle One)*: Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL

Please check one: New Camper _____ Returning Camper _____ # of years participated (including 2019) _____
 School _____ Age of child July 2019 _____ Grade Entering Fall 2019 _____

2019 PROGRAM REGISTRATION INFORMATION

PAYMENT INFORMATION: *(Please make checks or money orders out to Shea's Performing Arts Center)*

- Full Payment is Enclosed (via check or credit card) Amount \$ _____
- Deposit Enclosed: Amount (half of total registration fee) *Balance Due by June 28

***The second payment for the balance is due June 28, 2019. No invoice or other reminder will be issued.**

For Deposit payments via credit card only: I hereby acknowledge that my credit card will automatically be billed the balance of the registration fee without advance notice on June 28, 2019. I understand I can cancel this automatic payment at any time before June 28 by contacting Holly Grant at (716) 829-1171 or at hgrant@sheas.org prior to that date.

Signature _____

- Payment Method: Check* (enclosed) MasterCard Visa Discover American Express
 Card # _____ Expiration Date _____
 Billing Address _____
 City _____ State _____ Zip _____
 Name As Listed On Card _____
 Signature _____ Date _____

PLEASE COMPLETE APPLICATION AND SEND IT ALONG WITH YOUR PAYMENT TO:

**Shea's Performing Arts Center
 Attn: CAMP BROADWAY
 P.O. BOX 1130
 Buffalo, NY 14205**



2019 MEDICAL RELEASE FORM

Camp Broadway and Shea's Performing Arts Center are committed to providing individual attention to each camper who attends our program. To ensure the good health and safety of your child, please complete and return this form. **Children will not be permitted to begin camp without a signed medical release.** Thank you for your cooperation.

Camper Name: _____

Parent/Legal Guardian Name: _____

Day Telephone: () _____ Evening Telephone: () _____

Emergency Contact Name: _____

Relationship to Camper: _____

Day Telephone: () _____ Evening Telephone: () _____

Family Doctor: _____ Doctor Telephone: () _____

Does your child wear glasses and/or contacts? _____

Please list physical injuries or chronic health problems that we should be aware of, e.g. asthma, epilepsy, knee injury, etc.: _____

Please list any medical restrictions or allergies:

Please list any food allergies or dietary restrictions:

Please list any medications your child is taking or any other information that we should be aware of: _____

Please list any other special needs or conditions that your child may have: _____

Prescription Medicine

If your child needs assistance to take any medication, please initial below, giving us permission to administer the medication. Please provide a copy of the physician's prescription and enough medication **in its prescription bottle** for the entire week of camp. Also include additional instructions, if any, for administering the medication.

Instructions:

Parent Initials: _____

Is Camp Broadway authorized to give your child Tylenol or Advil in the event that he or she is not feeling well?

**Note: Camp Broadway staff will not administer medication without first speaking with parent/guardian or emergency contact.*

Yes No

If Yes: Tylenol

Advil

Either is fine

OVER 



2019 MEDICAL RELEASE CONTINUED

If a medical emergency occurs which involves the need to take your child to a doctor or 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 your emergency contact.

We also need the following information:

Do you have medical insurance covering your child? Yes No

If yes, what is your insurance company? _____

Policy Number: _____

Is your child up to date on his/her vaccinations? Yes No

If no, please explain: _____

Please sign the following statements:

The information in this release is correct as far as I know. My child has permission to take part in all Camp Broadway activities. I understand that every attempt will be made to contact me in case of an emergency. In the event I cannot be reached, I give 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 (Print Name) Date _____

Parent or Legal Guardian (Signature) Date _____

Please have your doctor sign the following statements or attach the latest physical report with the doctor's signature.

I, the undersigned, have examined the above named child and found them to be in good health and able to participate in all CAMP BROADWAY classes, workshops and entertainment activities.

Doctor (Print Name) Date: _____

Doctor (Signature or Stamp) Date: _____

Please complete and return both sides of this form to:
Shea's Performing Arts Center
P. O. Box 1130, Buffalo, NY 14205
Fax: 716-847-1644; Email: hgrant@sheas.org

OVER



2019 SIGN-OUT RELEASE FORM

Camp Broadway ends each day at 5:00 pm. In order to ensure the safety of all of our campers, we will not release a child to anyone other than a parent or legal guardian unless authorized to do so in writing. Please complete the section that applies to you and **sign the statement at the bottom of the page.**

Camper Name _____ Telephone () _____

I will be picking up my child at the end of each day.

Parent/Guardian Name _____ Telephone () _____

I give the following person(s) permission to pick up my child.

Name _____ Telephone () _____

Name _____ Telephone () _____

Name _____ Telephone () _____

Name _____ Telephone () _____

My child has permission to leave Shea's Performing Arts Center on his/her own.

Parent Name _____ Telephone () _____

PLEASE READ AND SIGN BELOW:

I, the undersigned, am aware and agree that once my child leaves Shea's Performing Arts Center, Camp Broadway and Shea's Performing Arts Center are not responsible for his/her whereabouts, actions, or welfare.

Parent or Legal Guardian (Print Name) **Date** _____

Parent or Legal Guardian (Signature) **Date** _____

Note: If you are visiting from out of town, please make sure to inform the staff where you can be reached.

Conflicts:

Please be aware that full attendance throughout the entire week of camp is strongly advised. Any absence or early dismissal, including but not limited to illness, may result in your child not being able to participate in the final show. Please list below any foreseeable conflicts during the week of camp.



2019 CAMPER RELEASE FORM

Please read the information below carefully, then sign and date the statements.

Camp Broadway and Shea's Performing Arts Center are dedicated to providing an informative and entertaining experience for your child. Camp Broadway and Shea's maintain constant adult supervision for all activities.

Camper Name _____

By enrollment in this program, I _____ (parent/legal guardian) grant Camp Broadway and Shea's Performing Arts Center permission to:

- Teach my child in classes and workshops including but not limited to singing, acting, and dancing.
- Take my child on an off-site field trip that may include, but is not limited to, a supervised walking tour and/or the backstage of the theatre/performing arts center.
- Let my child speak with members of the press, take photographs, make video or audio recordings of my child, and/or use quotes from my child in connection with the promotion or publicity for Camp Broadway and Shea's Performing Arts Center.

I agree that neither Camp Broadway nor Shea's Performing Arts Center, nor any of the employees, independent contractors, directors, and/or officers of Camp Broadway or Shea's Performing Arts Center will be held liable for any injury which may occur to my child while attending Camp Broadway at Shea's Performing Arts Center. This includes, but is not limited to, any activities in which he/she may participate including classes in singing, acting, dancing, physical comedy, stage craft, theatrical mask work, warm-up exercises and/or meals. I hereby release Camp Broadway and Shea's Performing Arts Center together with their respective employees, independent contractors, directors and/or officers from any and all legal or financial claims.

Parent or Legal Guardian (Print Name) Date _____

Parent or Legal Guardian (Signature) Date _____

Please complete and return both sides of this form to:
Shea's Performing Arts Center
P. O. Box 1130
Buffalo, NY 14205
Fax: 716-847-1644
Email: hgrant@sheas.org

OVER



Camp Broadway Scholarship Application

Shea's Performing Arts Center will be awarding scholarships for area young people to participate in Camp Broadway Buffalo based on need. Only completed applications will be considered.

Due to the scarcity of funding and great demand for financial assistance, Shea's encourages families to seek out additional sources of scholarship and support. To apply for a Camp Broadway scholarship, please enclose a copy of your families most recent Federal Income Tax Return, the 75-word essay, and the application below. **If you are not required by law to file income taxes we still require government documentation of earnings or support (social security disability, welfare etc.).** All materials must be returned by **Friday, May 31, 2019** to the following address:

**Shea's Performing Arts Center
Attn: Camp Broadway Scholarship
P.O. Box 1130
Buffalo, NY 14205**

Student's Name _____ Age _____ Male _____ Female _____

Address _____

City _____ State _____ Zip _____

School _____ Grade _____

Parent / Guardian Name _____

Home Telephone _____ Work Telephone _____

Parent E-mail address _____

FOR PARENTS AND GUARDIANS

It is our goal to award scholarships to talented students who would not otherwise have the opportunity to participate in CAMP BROADWAY.

Our family's annual income as stated on the Federal Tax form is:

\$0- \$20,000 \$20,000- \$40,000 \$40,000- \$60,000 \$60,000 – \$100,000 \$100,000 +

Please describe any other circumstances that might affect the family's ability to afford the camp (such as number of family members, medical expenses, etc.). _____

Parent/Legal Guardian Signature _____

Date _____

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FOR CAMPERS

Scholarship requirements:

- Choose one of the three following topics and write an essay in 75 words or more.
The essay needs to be typed or neatly hand-written. Please pay special attention to grammar, spelling, and neatness. This should be an example of your best work.
- Attach your essay to this scholarship form.

Essay Topic #1:

Explain how your past experiences have led to an interest in theatre and the performing arts.

Essay Topic #2:

Discuss a memorable personal experience while watching or participating in a theatre, music, or dance performance. How did this affect your view on the performing arts?

Essay Topic #3:

Explain what you hope to learn at Camp Broadway and how you plan to apply what you learn in the future.

Scholarship Application Check List

All of the following materials must be submitted in order to be considered for a scholarship.

- _____ Scholarship Application
- _____ Recent Income Tax Form
- _____ Essay

Note: Please include the completed CAMP BROADWAY application to reserve a spot for your child.

If you have not included a Federal Income Tax Return and are not required by law to file income taxes please read, sign and return the following with your application.

I, _____, certify that I am not legally obligated to file federal income taxes and have provided documentation from the federal government verifying my income (social security, disability, welfare etc.).

Signature

The application must be delivered to Shea's *no later than:*

Friday, May 31, 2019