

2017 Registration Broadway Boot Camp
On the Campus of Illinois Wesleyan University
Entering Grade 4th-10th \$150.00
Sunday July 30th-Friday August 4th 1-5pm
Performance Day August 5th from 8-12

Student's Name _____ Gender _____

Date of Birth _____ Grade for Fall 2017 _____

Parent/Guardian Name _____

Street _____ City _____ State _____ Zip _____

Parent Day Phone () _____ Parent Cell Phone () _____

Parent email _____

Emergency Contact (In Addition to Parent/Guardian) _____

Emergency Contact Phone Number _____

Please indicate if your student(s) has any special or medical needs

T-Shirt Size Adult sizes (please circle) X-Small Small Medium Large X-Large

Registration Fees:

Broadway Boot Camp

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*******Attention*******
All Checks must be made out
to Prairie Fire Theatre.
Credit Card Payments
Available

Withdrawal Policy

- A \$50 non-refundable application fee per session is included in your payment.
- All requests for refunds/withdrawals must be made by July 26, 2017.
- A refund will be given if insufficient enrollment causes class cancellation,” “No refunds will be offered in the event of a cancellation,” “

Release for Treatment: I, the undersigned, being the parent or legal guardian of the minor child grant permission for my child to receive treatment from a physician, nurse, or other professional medical personnel that may be needed in my absence due to injuries sustained while participating in Broadway Boot Camp at Illinois Wesleyan University.

In the event medical professionals, other persons named as emergency contacts or parents cannot be contacted, school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of said child. Under no condition will university personnel authorize surgery to be performed upon said child. I will not hold the board of trustees of Illinois Wesleyan University or Prairie Fire Theatre financially or legally responsible for the emergency care and/or transportation of said child. I also give permission for medical information to be shared on a need-to-know basis with camp personnel, so that they are aware of any potential problems due to allergies, seizures, or other conditions due to chronic illnesses, medication, and physical/mental disabilities.

Parent / Guardian Signature _____ **Date:** _____

Video and Photography Release (Optional)

By signing this waiver form I agree to Summer on Stage and Prairie Fire Theatre to use and reproduce photographs and digital images taken of _____ while enrolled at Camp for the purposes of marketing, internet marketing, public relations, and promotion. I understand that the last name of the individual will NOT be used in anyway.

Parent / Guardian Signature _____ **Date:** _____

Please mail the completed forms and payment to:

**Summer on Stage
605 S. Clayton St
Bloomington, IL 61701**

If you need more information email Cristen Monson at

cbmonso@ilstu.edu