

StarLight Theatre Camp ~ Application

Date _____ (Office use Only) ~ Ck. or Pay Pal # _____ Pmt. Amt. \$ _____

Artists Name _____
First Middle Last

Gender M / F _____ Age _____

Artists E~Mail Address _____
(Please Print clearly)

Parents E~Mail Address _____
(Please Print clearly)

Join our Mailing List~Be the first to find out about upcoming events & programs: **Yes / No**

Parents/Guardian Name _____

Home Address _____ City _____

Zip _____ Phone #1 _____ Phone #2 _____

Emergency Contact Information; (in case of an Emergency, in which you are unable to pick up your child, who should StarLight contact? List Names below)

Contact#1 _____
Name Phone #

Contact #2 _____
Name Phone #

Please list any Health concerns, Medications or Allergies your child has.

StarLight Staff members are authorized to give my Child Tylenol if requested: **Yes / No**

Waiver~ I (we) understand & agree that StarLight Productions will not be held responsible for any injuries that occur to self or child while participating in any StarLight Productions function. and that my child may be videotaped or photographed for promotional purposes.

I have read and agree to all of the above and acknowledge that fact by my signature below

Parents/Guardian Signature Date PRINT Parent/Guardian Name