

MUST HAVE T-shirt size & Name by June 1, 2024

**Allegro Dance Theatre
Musical Theatre Camp Application 2024
June 3 – 6, 2024
DISNEY DAZZLE**

Please print clearly

Name of Camper _____ Home phone _____
Address _____ City _____ Zip _____
School _____ Grade _____ Birthday ___ - ___ - ____
T-shirt size – Youth _____ Adult _____

Father's Name _____ Home phone _____
Father's Address _____ Cell phone _____
Father's Employer _____ Work phone _____

Mother's Name _____ Home phone _____
Mother's Address _____ Cell phone _____
Mother's Employer _____ Work phone _____

PLEASE CAREFULLY READ THE FOLLOWING AND INITIAL NEXT TO EACH THAT YOU HAVE READ THESE RULES AND REGULATIONS REGARDING THIS MUSICAL THEATRE CAMP

_____ Release from liability: I do hereby release Allegro Dance Theatre and its staff from any liability occurring at and around studio premises, or at any function held at other locations in connection with the dance/music classes in which the student on this form is enrolled.

_____ I declare that the student named on this form is in good health and can participate in dance education classes. Given the nature of dance classes, and with the knowledge that injuries sometimes occur, I have taken the necessary steps to obtain accident, health or hospitalization insurance which would cover any sustained injury.

_____ In the event of an injury or emergency when I cannot be contacted, I give my permission for Allegro Dance Theatre to obtain medical services for the student named on this form.

_____ I guarantee payment of all charges incurred during this student's treatment, minor surgery, and/or hospital care deemed necessary by a physician.

_____ Authorization for enrollment in this camp. I authorize Allegro Dance Theatre to enroll the student named on this form in the Musical Theatre Camp, and I accept responsibility for the payment of the camp fees.

_____ I understand that there are NO refunds or deductions given for students missing classes during the Musical Theatre Camp, and NO refunds will be given up to 2 weeks prior to the camp start date if the student cancels.

_____ I agree to all interviews, audio recording/video tapings of the student named on this form while he/she is a member of the ADT Musical Theatre Camp. I authorize their release for public viewing in print/video/internet media.

EMERGENCY PHONE NUMBERS

PLEASE LIST NUMBERS OTHER THAN YOUR HOME OR WORKPHONE NUMBERS. **THIS MAY INCLUDE GRANDPARENTS, NEIGHBORS, BABYSITTERS.**

Emergency Phone: _____ Person: _____ Relationship: _____

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I HAVE READ AND UNDERSTAND ALL OF THE ABOVE RULES, GUIDELINES AND THE LIABILITY RELEASE AS SET FORTH ABOVE. All information provided on the ADT Musical Theatre Camp Application form is complete and accurate.

(Signature of Parent/Legal Guardian)

(Signature of Witness-Non-familymember)

(Print name of Parent/Legal Guardian)

(Date Signed)

Medical Release Form

This form must be COMPLETELY filled out, signed by the parent, and on file at the Allegro Dance Theatre Office PRIOR to starting the Musical Theatre Camp 2024.

PLEASE PRINT CLEARLY

Note: Give the following information for medical treatment of the person listed on this paper.

PLEASE be as accurate as possible and list everything. If NONE, please state!

If more space is needed, PLEASE STAPLE additional papers to this form.

1. Allergies to food, medications, etc.

2. Special Medical problems

3. Does musical theatre student carry medication on person? YES _____ NO _____

MEDICATION _____ PURPOSE _____

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MEDICATION _____ PURPOSE _____

4. Date of last tetanus shot. _____

5. Family Physician: _____ Phone Number: _____

Address: _____ City: _____ Zip _____

6. Medical Insurance Company: _____

Insurance Number: _____

Person Carrying the Insurance: _____

Signature of Parent/Legal Gaurdian

date signed

Student Expectations
to be read to or by the student and initialed

_____ - I understand that this is a camp in which I will be asked to dance, sing and act to the best of my ability.

_____ - I understand that this is a 4-day commitment, and that campers missing from classes will not be allowed to perform in the evening performance on Thursday evening.

_____ - I understand that I am to be on my best behavior and that it is a privilege to attend a camp like this.

_____ - I understand that I should wear comfortable clothing such as t-shirts and shorts. The t-shirts are to cover all stomachs even when the campers' arms are up overhead, and the shorts must cover all of the "back side" even when the camper is stretching. Campers should wear clean tennis shoes- no mud, no long shoestrings, and must be able to stay tied throughout the day.

_____ - **Girls-** I understand that I need to have my hair out of my face either in a ponytail or pulled back off the face with barrettes so that the hair does not cause a distraction to the Musical Theatre education.

_____ - I understand that this activity is to be fun, but it is also part of the musical theatre education, and I need to be learning while having fun.

Camper's signature _____

Date Signed _____

SCHEDULE for Musical Theatre **CAMP 2024**

Monday June 3rd – 11AM-2PM at Allegro Dance Theatre studios in Radcliff,
1003 N Wilson Rd, Suite C
(across from Applebee's Restaurant, on the backside of the building. Take any of
the driveways around to the back). 270-352-1333

Tuesday June 4th – 11AM – 2 PM at the ADT studios

Wednesday June 5th – 11AM – 2PM at the ADT studios

Thursday June 6th -

11:00 am – 2:00 pm at the PAC

7:10 pm – arrive at the PAC in your performance T-shirt and tan/khaki
colored shorts and tennis shoes. **Girls**, please have hair pulled
away from face.

***7:30 pm – FREE Performance of DISNEY DAZZLE, by the ADT
Musical Theatre Ensemble with the 2024 Musical Theatre Campers.
Please bring your friends and family to enjoy this arts event.