

**MUST HAVE T-shirt size & Name by June 1, 2026**

**Allegro Dance Theatre  
Musical Theatre Camp Application 2026  
June 8-11, 2026  
THE MUSICAL WORLD OF WALT DISNEY**

**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 READ THE RULES AND REGULATIONS CAREFULLY AND INITIAL EACH ITEM TO INDICATE YOUR UNDERSTANDING 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 premises 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 of deduction 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, CELL OR WORKPHONE NUMBERS. **THIS MAY INCLUDE GRANDPARENTS, NEIGHBORS, or BABYSITTERS.**

Emergency Phone: \_\_\_\_\_ Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

**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-Family member)

\_\_\_\_\_  
(Print name of Parent/Legal Guardian)

\_\_\_\_\_  
(Date Signed)

# Medical Release Form

**This form must be fully completed, signed by a parent, and submitted to the Allegro Dance Theatre Office before starting Musical Theatre Camp 2026.**

**PLEASE PRINT CLEARLY**

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

**PLEASE be 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,

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2. Special Medical problems

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

MEDICATION \_\_\_\_\_ PURPOSE \_\_\_\_\_

MEDICATION \_\_\_\_\_ PURPOSE \_\_\_\_\_

MEDICATION \_\_\_\_\_ PURPOSE \_\_\_\_\_

4. Date of last tetanus shot \_\_\_\_\_

5. Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

6. Medical Insurance Company \_\_\_\_\_

Insurance Number \_\_\_\_\_

Person Carrying Insurance \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date Signed

# Student Expectation – 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 camper's arms are up overhead, and the shorts must cover all the "front 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.
- \_\_\_\_\_ - 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 \_\_\_\_\_