

**COMMUNITY THEATRE OF GREENSBORO** (ONE STUDENT PER FORM)

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

CHILD'S SCHOOL \_\_\_\_\_

**WEEK #1: 6/14-6/18**

Nickeldeon Time 8:30 am – 12:30 pm

Game Show Showdown 8:30 am – 5:30 pm

Musical Theatre Decades 1:30 – 5:30 pm

**WEEK #2: 6/21-6/25**

The Amazing Toy Town 8:30 am – 12:30 pm

Acting and Improv 8:30 am – 12:30 pm

Kidz Bop 1:30 – 5:30 pm

Musical Madness 1:30 – 5:30 pm

**WEEK #3: 6/28 – 7/02**

Seussville 8:30 am – 5:30 pm

CSI at CTG 8:30 am – 12:30 pm

What's Hot on Broadway 1:30 – 5:30 pm

**WEEK #4: 7/6– 7/9**

Auditioning for Wizard 8:30 am-12:30 pm

Do You GLEE? 8:30 am-12:30 pm

Nursery Rhyme Time 1:30 – 5:30 pm

The Hip Hop Stop 1:30 – 5:30 pm

**WEEK #5: 7/12 – 7/16**

Beginning Acting 8:30 am – 12:30 pm

Juke Box Musicals 8:30 am – 12:30 pm

Clowning Around 1:30 – 5:30 pm

Monologue Mania 1:30 – 5:30 pm

**IF REGISTERING  
AFTER MAY 1**

\_\_\_\_\_ \$105

\_\_\_\_\_ \$155

\_\_\_\_\_ \$105

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**2010 SUMMER THEATRE CAMP REGISTRATION**

PARENT NAME \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

OTHER PHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_

**WEEK # 6: 7/19 – 7/23**

Move To The Music 8:30 am – 12:30 pm

Lovely Ladies/Leading Men 8:30 am – 12:30 pm

Comic Book Heroes 1:30 – 5:30 pm

Modeling Camp 1:30 – 5:30 pm

**WEEK # 7: 7/26 – 7/30**

Broadway Jr. Kids 8:30 am – 12:30 pm

The Jazz Square 8:30 am – 12:30 pm

Fairy Tale Magic 1:30 pm – 5:30 pm

Broadway Bound 1:30 pm – 5:30 pm

**WEEKS #8 and #9: 8/2 – 8/13 (must sign up for b**

Beauty and the Beast , Jr. 8:30 am 5:30 pm

**WEEK #10 – 8/16 – 8/20**

Under The Sea 8:30 am – 12:30 pm

After Happily Ever After 8:30 am – 12:30 pm

Intro To Popular Music 1:30 – 5:30 pm

Fabulous 50's 1:30 – 5:30 pm

**IF REGISTERING  
AFTER MAY 1**

\_\_\_\_\_ \$105

\_\_\_\_\_ \$105

\_\_\_\_\_ \$105

\_\_\_\_\_ \$105

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\_\_\_\_\_ \$105

\_\_\_\_\_ \$105

\_\_\_\_\_ \$400

\_\_\_\_\_ \$105

\_\_\_\_\_ \$105

\_\_\_\_\_ \$105

\_\_\_\_\_ \$105

★ Checks will be accepted until one week prior to the start of a camp. If the camp you are paying for starts in less than a week, payment must be in the form of cash or credit card.

If you are more than 10 minutes late picking up your child, you will be charged \$5.00 for every 5 minutes you are late. This amount is due upon pickup of your child.

**Camp tuition fees are due upon registration and are NON REFUNDABLE.**

Add Early Drop-off for \$10.00 per week  
(\*Begins at 8:00 am)

\$ \_\_\_\_\_ .00

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_ .00

CHOOSE PAYMENT OPTION:  CASH  CHECK  CREDIT CARD

CARD # \_\_\_\_\_

EXP. DATE \_\_\_\_/\_\_\_\_ SECURITY CODE \* \_\_\_\_\_

\* Visa/MasterCard-Last 3 digits on back of card, American Express-4 digits on front of card above the card #

DATE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

Please complete this form on both sides and return with payment to:  
**Community Theatre of Greensboro, 200 N. Davie St. Box #9  
Greensboro, NC 27401 or fax both sides to (336) 333-2607.**

### Camp Registration

One week advanced registration is required for all camps. Children may not attend any camp without registration and emergency contact information on file.

### Early Drop-off & Late Pick-up

CTG will be providing child care for those parents that must drop off their children before a camp begins each morning. CTG is not responsible for children that are dropped off early without prior notice and arrangements.

### Cancellation Policy

CTG makes every effort to maintain the schedule of Summer Camps as announced in the brochure. However we reserve the right to cancel any camp not meeting a minimum enrollment. Camp cancellations are decided one week before the class begins. Fees are 100% refundable if CTG cancels a camp due to insufficient enrollment.

### Refunds & Credits

**Cancellations** made by the student or parent before the start dates are 100% transferable into another camp if space permits. **No Refunds** will be made once tuition is paid.

### Child's Health History

- Allergies (Please Circle)  
Bee Stings    Penicillin    Dairy Products  
Other: \_\_\_\_\_
- Has your child been diagnosed with any of the following?  
\_\_\_ TB    \_\_\_ Heart Condition  
\_\_\_ Kidney Problems    \_\_\_ Diabetes  
Other: \_\_\_\_\_
- Recent Injuries: (Please explain) \_\_\_\_\_  
\_\_\_\_\_
- Special requirements:  
Medication during the day \_\_\_\_\_  
Special Diet \_\_\_\_\_  
Explain: \_\_\_\_\_

### Student Emergency Information

Home Phone # \_\_\_\_\_

In case of emergency, we need two contacts

- Emergency Name: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_  
Emergency Name: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_

Mom Work # \_\_\_\_\_ Cell: \_\_\_\_\_

Dad Work # \_\_\_\_\_ Cell: \_\_\_\_\_

### Special Needs

Please use this space to share with us any special health, behavioral, learning, or other needs your child might have. All information is confidential.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In connection with the registration of your child for the theatre classes and/or theatrical performances to be conducted by The Community Theatre of Greensboro, and in consideration of your enrollment and/or consent of said child in such classes and/or performances, I/we the undersigned parent(s), acknowledge that I/we have been informed fully on the activities to be offered to said child and consent thereto; represent that said child/children are in good health and physically fit and capable of participation in the theatrical programs and performances to be offered by The Community Theatre of Greensboro; acknowledge the risks and hazards of physical injury inherent in theatrical workshops and performances and hereby assume all such risks and hazards; and I/we hereby release, waive, and agree not to assert against Community Theatre of Greensboro, the Greensboro Cultural Center, each of its directors, teachers, officers, supervisors, agents, or employees, any claim for injury to said child in consequence of or incident to such training, performance or other activities.

**In case of an emergency, if the staff of the Community Theatre of Greensboro is unable to reach me/us by phone, or it is a situation that appears to require immediate emergency medical assistance, I/we hereby give my/our permission for the staff to contact 911 and secure treatment for my/our child as named in the emergency information.**

Name of Child \_\_\_\_\_

I/we have read the above and agree to its content.  
Name of parent(s) or legal guardian. (PLEASE PRINT)

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN

\_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_