



Broadway Magic Jr. Theatre Camp (Ages 5-7) & Kids Theatre Camp (Ages 8-12) Registration Form

Camper Information – PLEASE PRINT – One form per camper

Name: _____ Gender: _____ Age: _____
 Birthdate (Month, day, and year): _____ (Campers must be 8 years old by June 1 to participate in Kids Camp.)
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell: _____
 Email: _____
 Please list any special needs our camp staff should be aware of (IE medications, allergies, etc.): _____

Parent/Guardian & Emergency Contact Information:

Parent/Guardian Names: _____ Email: _____
 Home Phone: _____ Cell: _____
 Emergency Contact Name/Relationship: _____
 Home Phone: _____ Cell: _____

Camp Selection:

Aladdin Kids – June 17-21 – AT SCHAUMBURG CHRISTIAN SCHOOL – PERFORMANCE, June 22 @ 10 AM (Kids camp for ages 8-12)	\$ 200.00	
SchoolHouse Rock Jr. – July 23-26 – AT OVERSHADOWED THEATRICAL PRODUCTIONS. MEDINAH – PERFORMANCE, July 27 @ 10 AM (Kids camp for ages 8-12)	\$175.00	
Broadway Magic Junior Camp – July 29-August 2 AT OVERSHADOWED, MEDINAH – PERFORMANCE, August 3 @ 10 AM (Junior camp for ages 5-7)	\$100.00	
Camp T-Shirt (included) Circle your shirt size:		
Youth SM Youth MED Youth LG Adult SM Adult MED Adult LG Adult XL		
	TOTAL*:	
OFFICE USE ONLY: Deposit Received _____ Balance Due _____ Balance Received _____		

*\$50 non-refundable deposit due at registration. Full payment due one week prior to the start of camp.

PLEASE READ AND CHECK THE BOX AND INITIAL THE FOLLOWING STATEMENT:

*****I understand that if my student(s) chooses to withdraw from a camp, they must do so prior to the first day of camp. No refunds will be issued if a student has attended any camp activities, and that I am responsible for the full camp tuition.**

(PLEASE CHECK) _____ (INITIAL)

Parental Consent & Photography/Videography Release:

I, _____, give permission for my child, _____, to participate in Overshadowed Summer Blast Theatre Camp activities. I also grant my permission to the supervising adults to permit them to use all necessary measures should emergencies arise. I release Overshadowed Theatrical Productions and all supervising adults from any and all liability. I hereby agree and consent that the photograph(s)/video(s) taken by Overshadowed Theatrical Productions may be copyrighted and reproduced for use in marketing and promotional items or other appropriate publications, any time hereafter without restriction; and that copies of said photograph(s)/video(s) will remain the property of Overshadowed Theatrical Productions.

Signature _____ Date _____

Mail Registration and Payment to: Overshadowed Summer Camp, 333 Pierce Road, Suite 195, Itasca IL 60143