starsoftomorrowchildrenstheater.com *starsoftomorrowct@gmail.com* *909-335-1082*

Mail both pages of this form to
Stars of Tomorrow 628 Fairway Drive, Redlands, CA 92373

(please PRINT)

Participant's NAME_____ **Age**_____ **Male** __ **Female** __

Mailing Address_____ **City**_____ **Zip** _____

Home Phone_____ **Cell** _____

****Email**_____

***You will receive an e-mail confirming that we have received your payment and registration*

School Attending Now_____

How did you hear about us? _____

Please indicate the camp(s) you wish to register for:

Camp Title	Starting Date	Time	Location	Fees

**Full payment is required for registration.* **$50 of your registration fee is non-refundable.*
**1 week prior to camp starting, all fees are non-refundable.* **See our website for transfer policies.*

Payment: Cash _____ **Check #** _____ *(please makes checks payable to Stars of Tomorrow)*

CAMP RULES: *I agree to obey instruction given by those in authority*
I agree to use wholesome language, respectful tones.
I agree to dress and conduct myself in a modest manner
I agree not to cause harm to other participants, leaders, or the facility and grounds we occupy.
I understand that not all participants will have the same number of speaking lines.

Those who will not follow these rules will be asked to leave the program with no refund.
Stars of Tomorrow reserves the right to refuse service to any individual.

PHOTO RELEASE: *The Parent/Legal Guardian of the participant gives permission to Stars of Tomorrow to use any photographs taken of the participant during camp, for publicity and promotional purposes.*

Parent/Legal Guardian Signature _____

RELEASE OF LIABILITY: *I agree to not hold the Stars of Tomorrow Staff, the facility we are in, or advisors responsible nor liable in any way for accidents or injuries incurred while on an outing or on the grounds of the facility. I also acknowledge that it is my responsibility to encourage an communicate to my child the need for their safe behavior an conduct on all such activities. I acknowledge that I have specifically represented to the Stars of Tomorrow Staff that I am the parent/legal guardian of the named above, having legal custody of said minor.*

BY SIGNING BELOW I AGREE TO ALL THE ABOVE STATEMENTS:

Parent/Legal Guardian Signature_____ **Date** _____

Parent/Legal Guardian Name Printed_____

Student Signature_____

AUTHORIZATION TO CONSENT OF MEDICAL TREATMENT

I do herby authorize Stars of Tomorrow Staff and/or Didi Pelev, as agents for undersigned, to consent to any x-ray examinations, anesthetics, medical or surgical diagnosis or treatment and hospital care which is deemed advisable or necessary by, and is to be rendered under, the general or special supervision and upon advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to any x-ray examinations, anesthetics, dental or surgical diagnosis or treatment and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practice Act. It is understood and believed that this authorization is given in advance of any specific diagnosis, treatment or hospitable care being required, but it is given to provide authority and power on the part of our agent, Musical Theater Camp Staff to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions Section 25.8 of the Civil Code of the State of California. This authorization is effective for a period of one (1) year from the date of said authorization is signed.

In addition to my consent for the above I/we give full consent for my child ***(please print child's name)*** *_____, a minor, to attend any event sponsored by Stars of Tomorrow Staff. I/we agree not to hold Stars of Tomorrow Staff, volunteers, or advisors responsible, nor liable, assume all the forgoing risk and accept personal responsibility for the damages following any injury, permanent disability or death incurred while participating with the Stars of Tomorrow activities. I/we also acknowledge that I/we have specifically represented to Stars of Tomorrow Staff that I/we are the parent(s) or legal guardian(s) of the aforementioned minor, having legal custody of said minor.*

Signed:_____Dated:_____

Parent (Mother or Father) or Legal Guardian

MEDICAL INFORMATION

Heath Insurance Company:_____

Family Doctor:_____ Emergency Phone #_____

Hospital: _____ Emergency Phone #_____

PLEASE LIST MEDICAL PROBLEMS, DISORDERS, PHOBIAS, AND/OR ALLERGIES YOUR CHILD MAY HAVE

*****We are NOT staffed or trained to accept students with special needs*****

_____

_____

PERSONS TO CONTACT IN CASE OF EMERGRNCY

Name	Relationship	Address	Phone #
1._____			
2._____			

AUTHORIZED PEOPLE TO PICK UP CHILD OTHER THAN PARENTS

Name	Relationship	Phone #
1._____		
2._____		

This is to certify that, as parent/guardian of this participant, I do consent to his/her waiver and release as set forth above and I/we verify that the above information is correct. I hereby give *Stars of Tomorrow* leadership permission to authorize medical treatments for my child listed above in the event of any emergency or illness.

Parent/Guardian Signature_____

Parent/Guardian (print)_____ Date_____