



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:

Table with 5 columns: Camp Title, Starting Date, Time, Location, Fees. Includes three rows for registration details.

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

Payment: Cash Check # (please make 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.

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 hereby 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**

Health 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**

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone #</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**AUTHORIZED PEOPLE TO PICK UP CHILD OTHER THAN PARENTS**

<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
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 \_\_\_\_\_