

Summer Camp Registration Form

- ☐ SESSION 1: June 10th – July 5th (9:00am – 4:00pm) **\$250**
- ☐ SESSION 2: July 8th – August 2nd (9:00am – 4:00pm) **\$250**
- ☐ Requesting Scholarship
- ☐ Optional: Before Care (8am – 9am)
- ☐ Optional: After Care (4pm – 6pm)

Parent / Guardian 1:

Full Name: _____		Military: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Email: _____		
Home Address: _____		Address line 2: _____
City: _____	State: _____	Zip Code: _____

Parent / Guardian 2: ☐ N/A

Full Name: _____		Military: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Email: _____		
Home Address: _____		Address line 2: _____
City: _____	State: _____	Zip Code: _____

Emergency Contact:

Full Name: _____	Relationship: _____
Email: _____	Cell Phone: _____

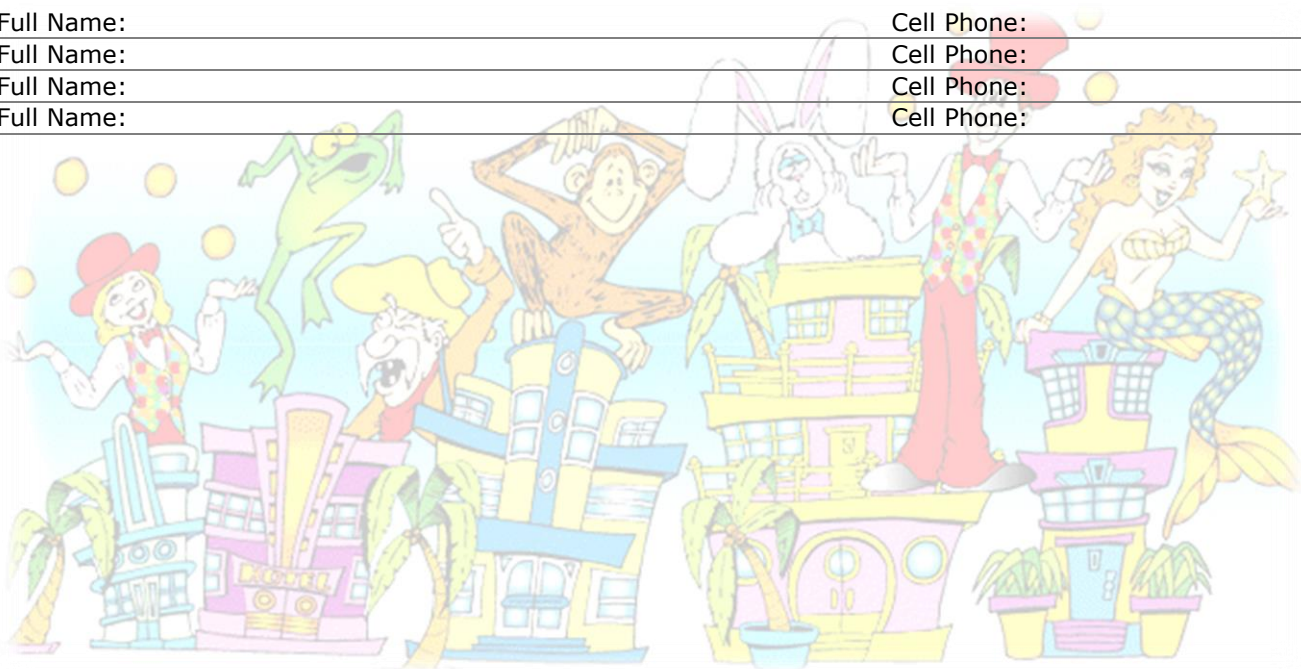
Caregiver Contact: ☐ N/A

Full Name: _____	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email: _____	Cell Phone: _____

Authorized Person to Pick up: State issued photo ID will be required for pickup.

☐ Only Parent(s) / Guardian(s)

Full Name: _____	Cell Phone: _____
Full Name: _____	Cell Phone: _____
Full Name: _____	Cell Phone: _____
Full Name: _____	Cell Phone: _____



Camper(s) Information

Child 1:

Full Name:		
Last 4 digits of child's SSN:		<input type="checkbox"/> No SSN
Birthday:	Age:	Sex:
Race: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Black or African American <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other:		
Ethnicity: <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:		
School Attending:		Grade:
Public School ID#:		<input type="checkbox"/> No School ID
Is child proficient in English? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Language(s):
Does Child have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Involved with DFC, Our Kids, full case management agencies, and/or family courts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Involved with the Department of Juvenile Justice, Juvenile Services Department, and/or diversion/Civil Citation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Child 2: ☐ Yes ☐ No

Full Name:		
Last 4 digits of child's SSN:		<input type="checkbox"/> No SSN
Birthday:	Age:	Sex:
Race: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Black or African American <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other:		
Ethnicity: <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:		
School Attending:		Grade:
Public School ID#:		<input type="checkbox"/> No School ID
Is child proficient in English? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Language(s):
Does Child have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Involved with DFC, Our Kids, full case management agencies, and/or family courts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Involved with the Department of Juvenile Justice, Juvenile Services Department, and/or diversion/Civil Citation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Child 3: ☐ Yes ☐ No

Full Name:		
Last 4 digits of child's SSN:		<input type="checkbox"/> No SSN
Birthday:	Age:	Sex:
Race: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Black or African American <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other:		
Ethnicity: <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:		
School Attending:		Grade:
Public School ID#:		<input type="checkbox"/> No School ID
Is child proficient in English? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Language(s):
Does Child have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Involved with DFC, Our Kids, full case management agencies, and/or family courts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Involved with the Department of Juvenile Justice, Juvenile Services Department, and/or diversion/Civil Citation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Medical Form

Pediatrician's Name: _____	Phone: _____
Hospital Preference: _____	Phone: _____
Hospital Address: _____	
Insurance Company: _____	Phone: _____
ID #: _____	Group #: _____
Date of Child's last tetanus shot if known: _____	

Food Allergy(ies): ☐ Yes ☐ No

Medical Allergy(ies): ☐ Yes ☐ No

Other Allergy(ies): ☐ Yes ☐ No

Health Condition(s): ☐ Yes ☐ No

Medications: ☐ Yes ☐ No

ADA Accommodations: ☐ Yes ☐ No

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I, _____ parent / legal guardian of _____, agree and acknowledge that I may not be available to authorize medical care of said minor child and I wish to appoint someone to act in my place in my absence and to give such authorization. This authorization is intended to give Fantasy Theatre Factory (FTF) staff the right to give consent to authorize emergency medical care.

It is intended that this document be presented to the physician or appropriate hospital or medical representative at such time as the medical care shall be authorized. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the minor, from signing a consent or authorization to render such care. It is the intent that Fantasy Theatre Factory (FTF) shall act in my stead in making such decisions.

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatments to be given, but are in no way intended to restrict the giving of authorization or consent by Fantasy Theatre Factory (FTF). I understand that this form is in effect from the date signed and that is my responsibility to inform Fantasy Theatre Factory (FTF) of any changes to this form.

Signature of Parent/Guardian: _____ **Date:** _____

Authorization to Dispense Medication

☐ If not applicable, please indicate by writing N/A: _____ and signing below.

Medication 1:

Health Condition: _____
 Name of Medication: _____
 When must medication be administered? _____
 Dosage: _____ Time: _____

In detail, describe how to administer the medication:

Medication 2:

Health Condition: _____
 Name of Medication: _____
 When must medication be administered? _____
 Dosage: _____ Time: _____

In detail, describe how to administer the medication:

Medication 3:

Health Condition: _____
 Name of Medication: _____
 When must medication be administered? _____
 Dosage: _____ Time: _____

In detail, describe how to administer the medication:

I, _____ parent / legal guardian of _____,
 authorize the staff of Fantasy Theatre Factory (FTF) to administer the medication listed above to my child.

Signature of Parent / Guardian: _____ **Date:** _____

Authorization for Treatment

I, _____ parent / legal guardian of _____,
authorize the staff of Fantasy Theatre Factory (FTF) to administer treatment to my child.

Furthermore, in case of an injury or illness that is life threatening or in need of emergency treatment, I authorize Fantasy Theatre Factory (FTF) staff to summon any and all professional emergency personnel to attend, transport, and treat the student and to use consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnostic, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to participate in the state in which such treatment is to occur.

I authorize Fantasy Theatre Factory (FTF) staff to administer topical Benadryl ointment/cream to my child in case of redness, swelling, itching, and/or mild rash as a result of external allergens (e.g. cats, horses, dust, bug bites, detergent, soap, and any other allergens). I will provide Fantasy Theatre Factory (FTF) with a detailed list of and all allergies of the camper.

Signature of Parent / Guardian: _____ **Date:** _____



Authorization for Photography / Video

I, _____ parent / legal guardian of _____,
hereby authorize and give consent to service the staff of Fantasy Theatre Factory (FTF) as follows:

I hereby consent and authorize the staff of Fantasy Theatre Factory (FTF) to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "recordings") of me, my children, or my wards for educational, research, documentary, marketing and public relations purposes.

- Any such recordings may reveal your identity through the image itself without any compensation to you, your child or wards.
- And all recordings taken of you, your children or wards shall be the sole property of Fantasy Theatre Factory (FTF).
- With regard to the use of any recordings taken of you, your children, or wards, you hereby waive any and all present and future claims you may have against Fantasy Theatre Factory (FTF), Miami-Dade County (MDC), their staff, service providers, employees, agents, affiliates and board members.
- Visitors at Fantasy Theatre Factory (FTF) may be photographed or videotaped during their visit. Their likeness may be used for marketing, advertising or public relations purposes without compensation.

Signature of Parent / Guardian: _____ **Date:** _____



Release of Liability

I, _____ parent / legal guardian of _____, give permission for my child to participate in the Fantasy Theatre Factory (FTF) summer camp program at the Sandrell Rivers Theater (SRT).

I shall indemnify and hold harmless Fantasy Theatre Factory (FTF), Miami-Dade County (MDC) and their respective officers, employees, agents and instrumentalities from any and all liability, losses or damages, including attorneys' fees and costs of defense, which Fantasy Theatre Factory (FTF), Miami-Dade County (MDC) or their respective officers, employees, agents or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from the performance of this agreement by Fantasy Theatre Factory (FTF) or its employees, agents, servants, partners, principals or subcontractors.

Neither Fantasy Theatre Factory (FTF), Miami-Dade County (MDC) and their officers, employees, agents and instrumentalities will be liable for any camper for injury or damage to any person or property arising out of the use of Fantasy Theatre Factory (FTF) facilities during this program. All participants and chaperones agree to waive any and all claims against Fantasy Theatre Factory (FTF), Miami-Dade County (MDC) and their officers, employees, agents and instrumentalities arising from child's participation in this program and presence at the summer camp.

I agree and understand that I have the responsibility to disclose any medical information that would preclude my child from participating in Fantasy Theatre Factory (FTF)'s Theatre Arts Summer Camp Program. I agree to hold Fantasy Theatre Factory (FTF), Miami-Dade County (MDC) and their respective officers, employees, agents and instrumentalities harmless if full disclosure of a preexisting medical condition has not been provided. I authorize Fantasy Theatre Factory (FTF) to transport and/or obtain medical services for my child if necessary. I give Fantasy Theatre Factory (FTF) consent to provide emergency medical care, hospitalization, or other treatment which may become necessary in the event of illness or injury.

I hereby release Fantasy Theatre Factory (FTF), Miami-Dade County (MDC) and their officers, employees, agents and instrumentalities from any and all claims for injuries to my child and/or loss of damage to his/her property, which may result from his/her participation in the program.

I agree that I shall hold Fantasy Theatre Factory (FTF), Miami-Dade County (MDC) and their respective officers, employees, agents and instrumentalities harmless from any claims for injuries and/or damage to third parties or their property arising from the negligent or willful misconduct of my child.

I have read and completed the registration form, medical form, treatment form, recording form and release of liability form and have supplied accurate information and I can be reached at the numbers provided on the registration form.

Signature of Parent /Guardian: _____

Date: _____



Needs-Based Scholarship Information

☐ Check here if you are not applying for a needs-based scholarship.

Fantasy Theatre Factory (FTF) offers tuition assistance for children to attend FTF Theatre Arts Summer Camps. Scholarships are awarded on a competitive basis of financial need and interest in performing arts. Families must be South Florida residents and are responsible for transportation to and from the Sandrell Rivers Theater.

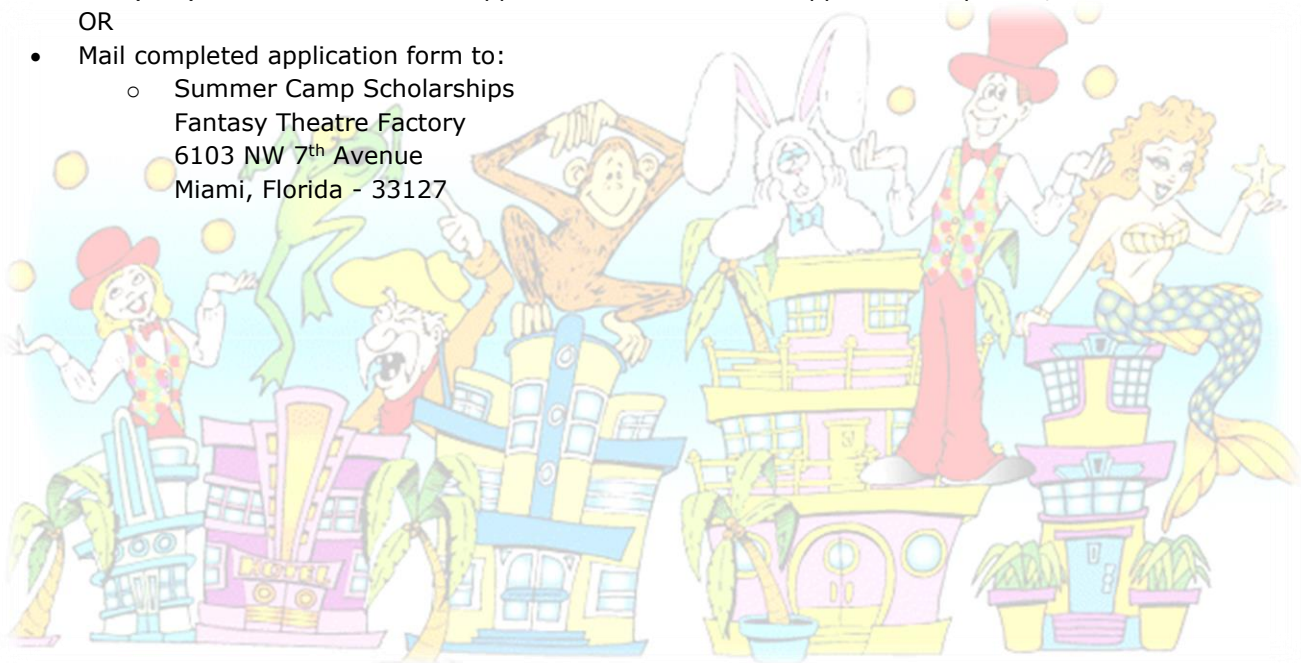
Scholarships are provided based on eligibility criteria. All registration fees will be covered for scholarship recipients.

- Applications must be emailed or delivered two (2) weeks before the first day of the Summer Camp or before.
- You will be notified by email one (1) week or before the first day of the Summer Camp or before if you have or have not been awarded a scholarship. Applicants should not email or call Fantasy Theatre Factory in regards to the status of their application.
- Please note: Incomplete, late, or faxed applications will not be reviewed.
- Scholarship recipients will be asked to complete a pre and post program assessment. This is intended to document improved theater skills and positive peer relationships. Parents and camper grantees will also be asked to participate in a Client Satisfaction Survey at the end of the program. Names will be kept confidential if requested.

How to apply for the FTF Theatre Arts Summer Camps:

Please fill out the Scholarship Application form with financial information, a description on how the child would benefit from attending FTF Theatre Arts Summer Camp. For consideration, you must also fill out FTF Theatre Arts Summer Camp Registration, Medical, Treatment, Recordings and Release of Liability Sections. All information is kept confidential.

- Fill out online application at <http://www.ftfshows.com/camp>,
- Call (305)284-8800 to make an appointment to fill out the application in person, OR
- Mail completed application form to:
 - Summer Camp Scholarships
 - Fantasy Theatre Factory
 - 6103 NW 7th Avenue
 - Miami, Florida - 33127



Needs-Based Scholarship Application

Describe the camper(s) interest in theatre and how they would benefit from camp:

Income, Employment and Financial Information

Head of Household:	<input type="checkbox"/> Unemployed
Employer's Name:	Phone Number:
Gross Annual Income:	
<hr/>	
Spouse:	<input type="checkbox"/> Unemployed
Employer's Name:	Phone Number:
Gross Annual Income:	

TOTAL GROSS ANNUAL HOUSEHOLD INCOME:

Does the applicant receive or does he/she qualify for free/reduced meals at school? ☐ Yes ☐ No

Please submit/attach the documents as specified below and indicate the type of documentation attached to the application:

One of the following:

- ☐ Two (2) most recent pay stubs/checks for each employer listed above; OR:
- ☐ Proof of unemployment benefits, Social Security Income, Supplemental Security Income, Medicaid Card, and/or Food Stamps.

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What else, if anything, would you like the Scholarship Awards Committee to know?

I, _____ parent / legal guardian of _____, here attest that to the best of my knowledge, the information provided on this form is true, complete and accurately reflects the income of all persons living in our household. I further hereby give approval to Fantasy Theatre Factory (FTF) to contact the employers listed for verification purposes.

Fantasy Theatre Factory (FTF) reserves the right to require additional documentation when deemed appropriate. This application is only valid for the current calendar year.

I realize that scholarships are subject to funds available and that awards will be made at the discretion of Fantasy Theatre Factory (FTF).

Signature of Parent / Guardian: _____ **Date:** _____