

Summer Camp Registration Form

\square Session 1: June 8 th –	July 3 rd (9:00am – 4:00pm) \$275	
☐ July 6 th − July 31 st (9:	00am – 4:00pm) \$275	
☐ Optional: Before Car	·e (8am – 9am)	
□ Optional: After Care		
_ op	(Christian Christ)	
Parent / Guardian 1:		
Full Name:		Military: ☐ Yes ☐ 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: ☐ Yes ☐ No
Home Phone:	Cell Phone:	Work Phone:
Email:		
Home Address:		Address line 2:
City:	State:	Zip Code:
Full Name: Email:		Relationship: Cell Phone:
Email:		Cell Phone:
Caregiver Contact: ☐ N	I/A	
Full Name:		Military: ☐ Yes ☐ No
Email:		Cell Phone:
Authorized Person to P Only Parent(s) / Gua	rick up: State issued photo ID will be ardian(s)	required for pickup. Cell Phone:
Full Name:	5 6 0	Cell Phone:
Full Name:	The state of the s	Cell Phone:
Full Name:		Cell Phone:



Camper(s) Information

Child 1:

Full Name:	
Last 4 digits of child's SSN:	□ No SSN
Birthday: Age:	Sex:
Race: Asian American Indian or Alaskan	☐ Black or African American ☐ Multiracial
☐ Pacific Islander ☐ White ☐ Other:	
Ethnicity: Haitian Hispanic Other:	
School Attending:	Grade:
Public School ID#:	□ No School ID
Is child proficient in English? ☐ Yes ☐ No	Other Language(s):
Does Child have Health Insurance? \square Yes \square No	
Involved with DFC, Our Kids, full case manageme	
	e, Juvenile Services Department, and/or diversion/Civil Citation Program?
☐ Yes ☐ No	t, Juvenine Services Department, and/or diversion/Civil Citation Program:
□ res □ No	
Child 2: ☐ Yes ☐ No	
Full Name:	
Last 4 digits of child's SSN:	□ No SSN
Birthday: Age:	Sex:
Race: Asian American Indian or Alaskan	☐ Black or African American ☐ Multiracial
☐ Pacific Islander ☐ White ☐ Other:	
Ethnicity: Haitian Hispanic Other:	
School Attending:	Grade:
Public School ID#:	☐ No School ID
Is child proficient in English? ☐ Yes ☐ No	Other Language(s):
Does Child have Health Insurance? ☐ Yes ☐ No	
Involved with DFC, Our Kids, full case manageme	
	e, Juvenile Services Department, and/or diversion/Civil Citation Program?
☐ Yes ☐ No	, satisfied of these populations, and, or alteresting control of the
Child 3: ☐ Yes ☐ No	
Child 3: Li Yes Li No	
Full Name:	(5)
Last 4 digits of child's SSN:	□ No SSN
Birthday: Age:	Sex:
Race: Asian American Indian or Alaskan	Black or African American
☐ Pacific Islander ☐ White ☐ Other:	
Eth <mark>nicity: </mark>	A Park
School Attending:	Grade:
Public School ID#:	□ No School ID
Is child proficient in English? Yes No	Other Language(s):
Does Child have Health Insurance? Yes No	
Involved with DFC, Our Kids, full case manageme	ent agencies, and/or family courts? Yes No
	, Juvenile Services Department, and/or diversion/Civil Citation Program?
☐ Yes ☐ No	
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Medical Form

Pediatrician's Name:			Phone	:.		
Hospital Preference:			Phone	2:		
Hospital Address:						
Insurance Company:			Phone	<u>:</u>		
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						
		4	1	0		
		14		-		
		14.	0	160		
I, parent / lega acknowledge that I may not be available to authorize medical care			ld and I	wish to a		, agree and act in
my place in my absence and to give such authorization. This auth staff the right to give consent to authorize emergency medical care. It is intended that this document be presented to the physician or as the medical care shall be authorized. It is intended that the au such care at the hospital or institution in which such care is given, for guardian of the minor, from signing a consent or authorization Factory (FTF) shall act in my stead in making such decisions.	orization is e. appropriate othorization from any lia	s intend e hospi relieve bility re	ded to g tal or m the ph esulting	edical rep exician, d from the	sy Th <mark>eatre</mark> present <mark>ati</mark> ve lentist, per failure of n	e at such time son rendering me, the parent
I have put the important medical facts, if any, on this form. The metreatments to be given but are in no way intended to restrict the gi (FTF). I understand that this form is in effect from the date signer Factory (FTF) of any changes to this form. Signature of Parent/Guardian:	ving of aut	hori <mark>za</mark> t	ion or co respon	onsent by	Fantasy Th	heatre <mark>Factory</mark>



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:
Medication 3: Health Condition:	
Name of Medication:	
When must medication be administered?	
Dosage:	Time:
1,100	The state of the s
In detail, describe how to administer the medication:	
Can Find	
I,parent /	l <mark>egal guardian of, authorize the</mark> staff
of Fanta <mark>sy The</mark> atre Factory (FTF) to adm <mark>inist</mark> er th <mark>e m</mark> edica	tion listed above to my child.
Signature of Parent /Guardian:	Date:



Authorization for Treatment

I,pa	rent / legal guardian of	, authorize the staff
of Fantasy Theatre Factory (FTF) to administer treat	ment to my child.	
Furthermore, in case of an injury or illness that is life	, , ,	
Factory (FTF) staff to summon any and all profession	• , ,	· ·
use consent for any X-ray, anesthetic, blood transfu		
deemed advisable by, and to be rendered under the		
or other medical professional or institution duly lice	nsed to participate in the state in which	such treatment is to occur.
 I authorize Fantasy Theatre Factory (FTF) staff to a	dminister tonical Benadryl ointment/cr	eam to my child in case of redness.
swelling, itching, and/or mild rash as a result of exte		,
other allergens). I will provide Fantasy Theatre Facto	ory (FTF) with a detailed list of and all c	allergies of the camper.
Signature of Parent /Guardian:	Date:	





Authorization for Photography / Video

Ι,	parent / legal guardian of,	hereby authorize
а	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

child to participate in the Fantasy Theatre Factory (FTF) sum thall indemnify and hold harmless Fantasy Theatre Factory (Fantales), agents and instrumentalities from any and all liable, fense, which Fantasy Theatre Factory (FTF), Miami-Dade Contrumentalities may incur as a result of claims, demands, suits, tof, relating to or resulting from the performance of this agents, servants, partners, principals or subcontractors.	FTF), Miami-Dade County (M lity, losses or damages, inclu unty (MDC) or their respection c, causes of actions or proceed	DC) and their respective officer ding attorneys' fees and costs o ve officers, employees, agents o
aployees, agents and instrumentalities from any and all liabing fense, which Fantasy Theatre Factory (FTF), Miami-Dade Contrumentalities may incur as a result of claims, demands, suits, tof, relating to or resulting from the performance of this agents, servants, partners, principals or subcontractors.	lity, losses or damages, inclu unty (MDC) or their respection, causes of actions or proceed	ding attorneys' fees and costs ove officers, employees, agents o
ither Fantasy Theatre Factory (FTF), Miami-Dade County (ME Il be liable for any camper for injury or damage to any persor FF) facilities during this program. All participants and chapero ctory (FTF), Miami-Dade County (MDC) and their officers, e rticipation in this program and presence at the summer camp	n or property arising out of th ones agree to waive any and a employees, agents and instr	e use of Fantasy Theatre Factor Ill claims against Fantasy Theatr
gree and understand that I have the responsibility to disclose rticipating in Fantasy Theatre Factory (FTF)'s Theatre Arts SurF), Miami-Dade County (MDC) and their respective office colosure of a preexisting medical condition has not been prod/or obtain medical services for my child if necessary. I give edical care, hospitalization, or other treatment which may be	mmer Camp Program. I agree rs, employees, agents and i wided. I authorize Fantasy Th Fantasy Theatre Factory (FT	e to hold Fantasy Theatre Factor nstrumentalities harmless if fu neatre Factory (FTF) to transpo F) consent to provide emergenc
nereby release Fantasy Theatre Factory (FTF), Miami-Dade strumentalities from any and all claims for injuries to my child om his/her participation in the program.		
gree that I shall hold Fantasy Theatre Factory (FTF), Miami- ents and instrumentalities harmless from any claims for injum In the negligent or willful misconduct of my child.		
ave read and completed the registration form, medical form d have supplied accurate information and I can be reached at		
nature of Parent /Guardian:	Date:	

FTF's Mission is to cultivate, foster, sponsor and develop appreciation, understanding, taste and love of theatre arts among the general public- with a special emphasis on serving traditionally under-served audiences, including children with disabilities, children & families in at-risk & low-income neighborhoods, LGBTQ families & youth and hospitalized children. FTF strives to encourage and support artists, teachers and students in their creative endeavors; to stimulate the imagination and set the conditions for creative thinking.



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 one (1) week before the first day of the Summer Camp or before.
- You will be notified by email at least 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 regard 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-program 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, as well as 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,
- Mail completed application form to:





Needs-Based Scholarship Application

manus Fundamant and Financial Information	
Income, Employment and Financial Information	
Head of Household:	☐ Unemployed
Employer's Name:	Phone Number:
Gross Annual Income:	
Spouse:	\Box Unemployed
Employer's Name:	Phone Number:
Gross Annual Income:	. Here items in
TOTAL GROSS ANNUAL HOUSEHOLD INCOME:	
Does the applicant receive, or does he/she qualify for free/red	duced meals at school? Yes No
best the approant reserve, or uses negotic quality for free, res	tacea means at someon. In resident
Please submit/attach the documents as specified below and in	dicate the type of documentation attached to the application:
One of the following:	
Two (2) most recent pay stubs/checks for each employer lis	
☐ Proof of unemployment benefits, Social Security Income, Stamps.	applemental Security income, Medicald Card, and/or Food
- T	
What else, if anything, would you like the Scholarsl	hip Awards Committee to know?
A SA	
I, parent / lega	
the best of my knowledge, the information provided on this f	form is true, complete and acc <mark>urately reflects the incom</mark> e of all
the best of my knowledg <mark>e, the</mark> information prov <mark>ided on this f</mark> pers <mark>ons living in ou</mark> r household. I further hereby <mark>give approv</mark> al	form is true, complete and acc <mark>uratel</mark> y reflec <mark>ts the incom</mark> e of all
the best of my knowledge, the information provided on this f	form is true, complete and acc <mark>urately reflects the incom</mark> e of all
the best of my knowledge, the information provided on this f persons living in our household. I further hereby give approval for verification purposes.	form is true, complete and acc <mark>urate</mark> ly reflec <mark>ts</mark> the income of all to F <mark>an</mark> tasy Theatre Factory (FTF) to contact the employers listed
the best of my knowledge, the information provided on this f persons living in our household. I further hereby give approval for verification purposes.	form is true, complete and acc <mark>urate</mark> ly reflec <mark>ts</mark> the income of all to F <mark>an</mark> tasy Theatre Factory (FTF) to contact the employers listed
the best of my knowledge, the information provided on this f persons living in our household. I further hereby give approval for verification purposes. Fantasy Theatre Factory (FTF) reserves the right to require application is only valid for the current calendar year.	form is true, complete and acc <mark>urately reflects the income of all</mark> to Fantasy Theatre Factory (FTF) to contact the employers listed e additional documentation when deemed appropriate. This
the best of my knowledge, the information provided on this f persons living in our household. I further hereby give approval for verification purposes. Fantasy Theatre Factory (FTF) reserves the right to require application is only valid for the current calendar year.	form is true, complete and acc <mark>urately reflects the income of all</mark> to Fantasy Theatre Factory (FTF) to contact the employers listed e additional documentation when deemed appropriate. This
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the best of my knowledge, the information provided on this f persons living in our household. I further hereby give approval for verification purposes. Fantasy Theatre Factory (FTF) reserves the right to require application is only valid for the current calendar year. I realize that scholarships are subject to funds available and Factory (FTF).	form is true, complete and accurately reflects the income of all to Fantasy Theatre Factory (FTF) to contact the employers listed e additional documentation when deemed appropriate. This that awards will be made at the discretion of Fantasy Theatre