



Counselor Applicant's Name: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ Entering Grade (Fall 2010): \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CAMP CHOICE:**

(\*Circle as many camps as you would like\*)

CAMP 1: June 14th - June 25th

1A: 9am - 12                      1B: 1pm - 4

CAMP 2: June 28th - July 9th

2A: 9am - 12                      2B: 1pm - 4

CAMP 3: July 12th - July 23rd

3A: 9am - 12                      3B: 1pm - 4

CAMP 4: July 26th - August 6th

4A: 9am - 12                      4B: 1pm - 4

CAMP 5: August 9th - August 20th

5A: 9am - 12                      5B: 1pm - 4

**T-SHIRT ORDER:**

(Counselor will be given 2 t-shirts/tanks  
to wear to camp.)

\*Please circle size:\*

Size:

Youth: M - L - XL

Adult: M - L - XL

Please list any food allergies or health conditions we should be aware of: \_\_\_\_\_

I, \_\_\_\_\_ (parent) understand that it is MANDATORY for my child to be at camp every day.

I hereby give consent for the above camper to participate in Hope Musical Theatre Summer Camp 2010 season. I am aware that my child will be involved in the normal hazards of camping activities. In consideration of acceptance of this application, intending to be legally bound, hereby, for ourselves, our heirs, executors and administrators waive and release all rights and claims that may arise against Hope Musical Theatre, and any persons affiliated with this camp. I give permission to the director of Hope Musical Theatre to provide and approve immediate and responsible emergency care and transportation should it be required.

PARENT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TUITION:** Please attach to application \$100 per camp or \$150 for full day, written to Hope Musical Theatre.  
Refund Policy: NO REFUNDS after April 1st, 2010. \$50 fee for cancellations before April 1st.

Mail application form to:  
Hope Musical Theatre, PO Box 3654  
Redwood City, CA 94064

**HOPE MUSICAL THEATRE RELEASE FORM**  
2010 Summer Camp

I hereby give consent for my son/daughter:

(print child's name) \_\_\_\_\_

to participate in Hope Musical Theatre 2010 Summer Camp. I am aware that my child will be involved in the normal hazards of theatrical activities. In consideration of acceptance of this application, intending to be legally bound, hereby, for ourselves, our heirs, executors and administrators waive and release all rights and claims that may arise against Hope Musical Theatre, and any persons affiliated with this camp/workshops. I give permission to the directors of Hope Musical Theatre to provide and approve immediate and responsible emergency care and transportation should it be required. Hope Musical Theatre reserves the right to dismiss campers without refund if either campers or parents interfere with the smooth operation of the camp/workshop program.

I hereby grant Hope Musical Theatre full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, internet, or photographs taken by Hope Musical Theatre and its agents of my child at Hope Musical Theatre.

I also authorize my son/daughter to participate in any athletic activities including dance or gymnastics during Hope Musical Theatre 2010 Summer Camp and all rehearsals and or performances. I understand that with any athletic or physical activity, my son/daughter may risk physical injury. I release any liability or responsibility with Hope Musical Theatre and its instructors and choreographers.

Please list any food allergies, health conditions, special needs, learning disabilities, behavioral issues, etc. of which we should be aware:

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PARENT NAME: (print) \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_