



**“TIME TO SHINE” MUSICAL THEATRE CAMP REGISTRATION FORM**  
**July 15-26, 2019**

To participate in the CMS “Time to Shine” Musical Theatre Camp, students must be between grades 2-12. Campers in grades 8-12 attend for two weeks and campers in grades 2-8 join for the second week (July 22-26). Students going into 8th grade have the option to attend the full two weeks of camp or just the second week.

**Please print or type.**

Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Middle (Fall 2019)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Attending Fall 2019 \_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_ Phone (home/cell) \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contact Information:** List the name and contact information of the person who may be reached in case of an emergency. Please note, your emergency contact information and signed Media Release/Medical Treatment Authorization form (provided) is required for registration.

Name \_\_\_\_\_ Phone (home/cell) \_\_\_\_\_ (work) \_\_\_\_\_

I wish to be a camp volunteer! (If checked, please complete the reverse side of this registration form)

**Grades 8-12 Camp Fee: \$310** (two weeks) **Grades 2-8 Camp Fee: \$225** (one week)  
(Camp fees include camp t-shirt, one DVD featuring end-of-camp performances, and non-refundable \$20 deposit) \$ \_\_\_\_\_

**Circle T-Shirt Size:** YOUTH: S (6-8) M (10-12) L (14-16) ADULT: S M L XL  
NOTE: Shirt sizes cannot be exchanged after June 21, 2019

**Purchase Additional Concert DVD(s):** \$15.00 per additional DVD \$ \_\_\_\_\_

**TOTAL AMOUNT DUE (payment can be made by check or credit card):** \$ \_\_\_\_\_

**Deposit:** A non-refundable \$20 deposit is due with your registration form. The remaining portion of the camp fee (\$290 or \$205) is due by the deadline listed below. **After June 21, 2019, there will be no refunds except in the event of illness.** If your registration is declined due to enrollment limits, you will receive a full refund.

**Deadline: Registration and payment deadline for camp is June 21, 2019.** Students may not be allowed to attend camp if full payment has not been received by this deadline.

How did you hear about us? \_\_\_\_\_

**Refer a friend:** If campers refer a friend who did not attend camp last year, and this person registers, the camper who made the referral will receive a \$25 CMS gift certificate. **If you were referred to camp by a friend, please provide his/her name:** \_\_\_\_\_

List all relevant performance experience (no experience required): \_\_\_\_\_

**PAYMENT INFORMATION**

Pay by check. Make checks payable to Michigan State University. A check in the amount of \$ \_\_\_\_\_ has been enclosed.

Pay by credit card. Please provide the following information.

\_\_\_\_\_ Expiration date

\_\_\_\_\_ Card holder’s name (please print)

\_\_\_\_\_ Card holder’s signature Amount approved to charge

**SEND COMPLETED REGISTRATION TO:** MSU Community Music School; 4930 S. Hagadorn Rd., East Lansing, MI 48823  
Questions? Contact us at (517) 355-7661.



## “Time to Shine” Musical Theatre Camp Parent Volunteer Information Form

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
(home/cell)

**Please circle the days and times that you are available to volunteer (during July 22-26):**

	<u>Lunch</u>	<u>Costume/Prop/Scene Design</u>
Monday	11 a.m. - 12:30 p.m.	
Tuesday	11 a.m. - 12:30 p.m.	10 - 10:30 a.m.
Wednesday	11 a.m. - 12:30 p.m.	10 - 10:30 a.m.
Thursday	11 a.m. - 12:30 p.m.	10:15 - 11 a.m.
Friday	11 a.m. - 12:30 p.m.	

Please check if you are available to volunteer at the camp revue Friday evening

**Lunch:** 3-5 parent volunteers are needed to assist supervising campers during the walk to and from the cafeteria and during lunch period.

**Costume/Prop/Scene Design:** 4-6 parent volunteers are needed to assist campers during the morning session with simple costume, prop, and scene design. Directions for how to create designs will be provided.

**Camp Revue:** 6 parent volunteers are needed to supervise campers and hand out programs before the final camp concert. (Volunteers will be able to watch the performance from the audience).

Thank you for your willingness to volunteer during your child’s camp experience. A camp staff member will contact you in late June/early July to confirm your assignment(s).

# MEDIA RELEASE/MEDICAL TREATMENT AUTHORIZATION

Event: \_\_\_\_\_  
Event Date(s): \_\_\_\_\_  
County: \_\_\_\_\_

## SECTION 1 – RELEASE FOR AUDIO, VIDEO, FILM AND PHOTOGRAPHS

Participants in events sponsored by MSU CMS are sometimes photographed and videotaped for use in MSU CMS promotional and educational materials.

I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed, with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Print subject's name (adult or youth) \_\_\_\_\_

Signature \_\_\_\_\_

(Parent or guardian must sign here if subject is under age 18.)

Date \_\_\_\_\_

## SECTION 2 – MEDICAL TREATMENT AUTHORIZATION

**This section must be completed and signed by a parent or guardian for all youth participants before they can participate in this program. If this form is not completed, youth participants will not be allowed to participate. Completing this section is optional but encouraged for adult participants.**

Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated **only if the situation is urgent and does not permit delay.**

Participant's full name \_\_\_\_\_

Birth date \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Mailing address \_\_\_\_\_

Primary care physician's name \_\_\_\_\_

Physician's address \_\_\_\_\_

Physician's phone (\_\_\_\_\_) \_\_\_\_\_

## HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant \_\_\_\_\_

Policy holder's address \_\_\_\_\_

**Please attach a photocopy of both sides of your insurance card (preferred) OR complete the information requested here:**

Insurance company name and address \_\_\_\_\_

Insurance company phone number (\_\_\_\_\_) \_\_\_\_\_

All policy numbers (please identify) \_\_\_\_\_

If you have HMO insurance, please list emergency treatment authorization phone number (\_\_\_\_\_) \_\_\_\_\_

Employer's name and address \_\_\_\_\_

## INFORMATION NEEDED ABOUT PARTICIPANT:

Please check yes or no. If yes, explain below or on another sheet if you need more room.

**Yes No**

Does the participant have any chronic health problem or illness? \_\_\_\_\_

Does he or she have any acute illness now? \_\_\_\_\_

Has the person been treated recently for some medical problem? \_\_\_\_\_

List any medications he or she is now taking for treatment of any medical problem. \_\_\_\_\_

Does the participant have any allergies to medication or local anesthetics? \_\_\_\_\_

Does he or she have any allergies? \_\_\_\_\_

Date of his or her last tetanus shot: \_\_\_\_\_

## OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), \_\_\_\_\_ recognize that while attending this program, medical

treatment on an emergency basis may be necessary for my child, and I further recognize that MSU CMS staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime phone (\_\_\_\_\_) \_\_\_\_\_

Evening phone (\_\_\_\_\_) \_\_\_\_\_



# TIME TO SHINE

## MUSICAL THEATRE CAMP

JULY 15-26, 2019

Don't miss the chance to take center stage at the "Time to Shine" Musical Theatre Camp — a one- to two-week day camp for elementary, middle, and high school students.

**Campers in grades 8-12\*** spend two full weeks developing music theatre skills including solo and ensemble voice development, choreography, and prop design, while focusing on healthy singing using musical theatre repertoire.

**Campers in grades 2-8\*** join in the second week to learn a variety of music theatre skills appropriate for this age group.

*\*Students going into 8th grade have the option to attend the full two weeks of camp or just the second week.*

### **Tuition**

\$310 for grades 8-12 (July 15-26, 2019)

\$225 for grades 2-8 (July 22-26, 2019)

Tuition includes a camp t-shirt, lunch during camp, and a DVD of the end-of-camp performance.

*Financial assistance is available if needed.*

*Contact CMS for more information.*

### **Schedule**

Camp begins each day at 9 a.m. and concludes at 3 p.m. Lunch is provided and served at an MSU campus residence hall cafeteria. Campers are chaperoned during the lunch period.

### **Camp Revue**

Campers show off their newly-learned skills at the end-of-camp revue featuring scenes and songs from many popular musicals on **Friday, July 26, 2019, 7 p.m. at the MSU Auditorium.**



Community Music School  
College of Music  
MICHIGAN STATE UNIVERSITY

4930 S. Hagadorn Rd., East Lansing, MI 48823  
commusic@msu.edu • www.cms.msu.edu • (517) 355-7661

***Help spread the word about the "Time to Shine" Musical Theatre Camp and share this flier with friends!***