



SUMMER CAMPS

ALL SESSIONS AND PERFORMANCES WILL TAKE PLACE AT:

**BECKRIDGE PRODUCTIONS
40525 KOPPERNICK ROAD
CANTON, MI 48187**

This entire packet must be completed in full and delivered on the **FIRST DAY** of Summer Camp.

This packet has **FIVE** pages. Please download, review and complete all **FIVE** pages. Please review the following checklist and verify all of the documents have been assembled and completed including the required attachments.

PLEASE COMPLETE THIS CHECKLIST TO ENSURE YOU HAVE COMPLETED THE ENTIRE APPLICATION:

- **PAGE 1 – COVER LETTER**
- **PAGE 2 – COMMITMENT CONTRACT**
- **PAGES 3 THROUGH 5 – PARTICIPANT REGISTRATION FORM**

Please check and verify the required signatures are on pages:

- **PAGES 2 THROUGH 5**

The BeckRidge Chorale/BeckRidge Productions will **NOT** honor any incomplete applications. ALL portions of the application must be completed and returned at the same time.



| I AM REGISTERING FOR THE FOLLOWING CAMP(S): | | |
|---|-----------|-----------------------------|
| DATES | CAMP NAME | SESSION – MORNING/AFTERNOON |
| | | |
| | | |
| | | |

SUMMER CAMP COMMITMENT CONTRACT

Student and Parent: Please read the contract together. Discuss each item to be sure you understand the expectations. Please check each box to indicate you understand and agree to abide by all BeckRidge Productions policies.

Student: As a summer camp participant, I understand I will be expected to:

- Be a full member of a performing arts team striving to perform to the best of my ability at all times.
- Behave and speak in a respectful manner cooperating with staff, volunteers and fellow students at all times.
- Respect the building rules and use guidelines for the BeckRidge Rehearsal and Performance Studio.
- Not intimidate or threaten other students or volunteers; no public displays of affection.
- Attend all sessions and any scheduled performances.
- Arrive on time for all sessions and any scheduled performances.
- Arrange for my own transportation for all sessions and performances.
- Dress appropriately for all activities.
- Not use drugs, tobacco or alcohol or carry any weapons. Any illegal substance(s) or weapons found in my possession will result in immediate dismissal.
- Leave all valuables, jewelry and electronic gaming equipment at home.
- Turn off all cell phones and any electronic devices during class sessions and/or performances.
- I understand, if I break any portion of this commitment, I will be dismissed from the program without refund of any fees.

I, as a participant in a BeckRidge Summer Camp, pledge to carry out my responsibilities to the best of my ability.

_____ X
 Performers Signature

_____ X
 Date

Parent/Guardian: By enrolling my child/student in a BeckRidge Summer Camp, I will assist my child in maintaining his/her commitment and understand:

- I am responsible for getting my child to all sessions and any scheduled performances at the appropriate time.
- All Summer Camps are sustained by student tuition. I understand by enrolling my child/student in a Summer Camp, I have an obligation to pay the tuition and tuition will not be refunded for subsequent dismissal, absences or withdrawal.
- I understand that BeckRidge Productions reserves the right to dismiss a student who actions are not in keeping with organization policies including disrespect for other people and or property.
- I understand it is my responsibility to have medical insurance for my child/participant/student.
- I consent to the reproduction and/or use of any photographs, videotape, films or other recordings for advertising, promotional and or other purposes by BeckRidge Productions without compensation.

_____ X
 Parent/Guardian Signature

_____ X
 Date



Youth Participant Registration Participant Information (Please Print Clearly)

A completed form is necessary for registration. Please turn in completed form to BeckRidge.
Please register early to secure your spot. A waiting list will be enacted if the program is full.

Participant Name: _____ Past Participant Yes No
FIRST MIDDLE LAST

Age today: _____ Date of Birth: ____ / ____ / ____ Last grade completed: _____ Gender: Male Female

Address: _____

_____ CITY STATE ZIP

Mother's Name: _____

Home Phone Work Phone Cell Phone

CHECK THE APPROPRIATE BOX TO DESIGNATE YOUR PREFERRED PHONE NUMBER

Father's Name: _____

Home Phone Work Phone Cell Phone

CHECK THE APPROPRIATE BOX TO DESIGNATE YOUR PREFERRED PHONE NUMBER

Email Address: _____

Would you like to receive information via email at this address? Yes No

How did you hear about us? _____

Authorized Pick-Up

Name of person(s), in addition to parents, to who participant may be released.

1. _____
NAME RELATIONSHIP PHONE NUMBER SECOND PHONE NUMBER

2. _____
NAME RELATIONSHIP PHONE NUMBER SECOND PHONE NUMBER

3. _____
NAME RELATIONSHIP PHONE NUMBER SECOND PHONE NUMBER

Emergency Information

Name of person(s) to be notified in an emergency when parent/guardian is not available

1. _____
NAME RELATIONSHIP PHONE NUMBER SECOND PHONE NUMBER

2. _____
NAME RELATIONSHIP PHONE NUMBER SECOND PHONE NUMBER

Preferred Hospital for Emergency Treatment: _____

Health Insurance Policy: _____
INSURANCE NAME POLICY NUMBER

Are the participant's immunizations up-to date? Yes No

Please check ONE: I hereby give permission I hereby DO NOT give permission
to BeckRidge Productions to secure emergency medical and/or emergency surgical treatment for the above minor.

PARENT/GUARDIAN SIGNATURE DATE

Special Health Considerations

Please check YES or NO in the boxes that apply. For questions checked YES, tell us about them in the space provided. All information helps us provide the best possible experience for your child.

- Food allergies Yes No _____
- Dietary regiment Yes No _____
- Medical conditions Yes No _____
(seizures, asthma, etc.)
- Behavioral considerations Yes No _____
(autism, anxiety, etc.)
- Talents/abilities Yes No _____
- Needs/limitations Yes No _____
(physical or otherwise)
- Serious fears Yes No _____
- Medications* Yes No _____

*Our staff members are not authorized to dispense medications or administer injections.

Please provide other information helping us provide the best experience for your child: _____

Exposure to the Arts

Current School: _____ Does participant sing? Yes No

Has participant sung in a choir? Yes No What kind of singing voice does the participant have? High Low

Theater Experience: (School or Community) _____

Dance Experience: _____

Has participant had private music lessons? Yes No If yes, what instrument, how long? _____

Payment

Payment is required with the return of this form. We accept cash, check and all major credit cards. Please make checks payable to BECKRIDGE. You can send payment to: BeckRidge Productions - 40525 Kopperrick Road, Canton, MI 48187

CREDIT CARD NUMBER

NAME ON CREDIT CARD

EXPIRATION DATE

CSV

SIGNATURE

DATE

Waiver of Liability

In signing the Participant Information form, I state that the above participant is in good health and free from any communicable disease or illness and I shall defend, indemnify and hold harmless BeckRidge Productions/BeckRidge Chorale, its officers and members from and against any damage, loss, theft or destruction of any kind and against any losses, liabilities, damages, injuries, claims, demands, costs and expenses of every kind and nature whether or not covered by insurance, including legal fees and disbursements arising out of and in connection with my or my child's negligent use of the premises or the breach of any representation, warranty, or covenant contained herein. If BeckRidge Productions personnel are unable to reach an emergency contact listed herein, I hereby authorize them to secure emergency medical treatment as necessary. I agree to pay for all expenses that possibly may be incurred by this emergency situation/case. In consideration of BeckRidge Productions permitting my child to participate in said events, I hereby, for myself, my child, my heirs, administration and assigns, and for any and all injuries which I or my child may suffer while taking part in any activities connected with this event. In case of injury, and an emergency contact is unable to be contacted by your staff, I give my consent to have medical treatment administered to me or my child if deemed necessary by a physician. My signature allows permission to use photographs and/or video of my child to be used in association with promoting and or advertising BeckRidge Productions.

SIGNATURE

DATE