

# Application for Maryland Entertainment Group's 2019 Shakespeare Camp

June 24-28, 9:00 AM-4:30 PM. June 29, noon-8:30 PM. Showcase, June 29 at 7 PM Fee: \$250

Email: [shakescamp@megtheatre.org](mailto:shakescamp@megtheatre.org) – Maryland Entertainment Group; PO BOX 365, Hagerstown, MD 21741

Online Payment: [www.megtheatre.org](http://www.megtheatre.org)

Applications accepted via Email or Snail-Mail until June 22, or until space is filled. Please submit payment online or via check at time of application. Questions? Anna Kurtz, Camp Director: 717 339 6322. Paola Torres, Media Queries: 253-777-2773

STUDENT NAME:

PREFERRED NAME:

DOB:

GENDER:

HIGH SCHOOL (If applicable):

GRADE as of June 1<sup>st</sup>:

AGE AS OF JUNE 1<sup>st</sup>: (All Students must be a minimum of 13 by the beginning of the camp):

ADDRESS:

EMAIL:

T-SHIRT SIZE: (Circle One) S M L XL XXL

PARENT / GUARDIANS NAMES:

PHONE NUMBER (Daytime):

PHONE NUMBER (Evening):

In addition, please include one other Emergency contact. Parents will be contacted first in the event of an Emergency.

EMERGENCY CONTACT NAME:

PHONE NUMBER:

RELATIONSHIP TO STUDENT:

Are there any health concerns, allergies (including food), inhaler or medication needs, etc. that MEG should be aware of? Please describe below:

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(Check if applicable) I will be applying for a scholarship, my scholarship application is attached.

**All scholarship applications must be received by June 1<sup>st</sup> by either mail or email.**

**No payment from scholarship applicants are due at time of application.**

**Scholarship decisions will be made by June 15<sup>th</sup>.**

## RELEASES AND AUTHORIZATIONS

**Parent/Guardians, please read and initial the following, then sign/date at the bottom of the following page. Although MEG staff will do all in their power to maintain a safe and fun environment for the students at Shakespeare camp, with the practice of any physical activity (dance, stage combat, theatre movement), there is the risk of injury. The following authorizations are meant to ensure that students can be cared for quickly in the unlikely event of injury and that MEG staff are authorized to proceed with the daily business of the camp. If you have any concerns or questions, please email [shakescamp@megtheatre.org](mailto:shakescamp@megtheatre.org), or call Anna Kurtz, Camp Director. 717 339 6322.**

As Parent and/or Guardian of the named student, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to Maryland Entertainment Group, Inc. and its affiliates including directors and instructors to provide the needed emergency treatment prior to the child's admission to the medical facility. Release authorized on the dates and/or duration of the registered season. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence. INITIALS \_\_\_\_\_

I hereby give my approval for my child's participation in any and all activities prepared by Maryland Entertainment Group, Inc. during the selected camp. I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Maryland Entertainment Group, Inc. and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions. INITIALS \_\_\_\_\_

By registering my child, I agree to the following: Although every effort is made to provide a safe environment, I recognize there is always a risk of accident when participating in physical activities such as dance, theatre movement, or stage combat. By submitting a registration, I agree to be responsible for any medical bills incurred resulting from illness or injury during my student's participation at Maryland Entertainment Group's Shakespeare Camp, including, but not limited to, the cost of medication, first aid, x-rays, hospitalization, and other medical care or services. I recognize that students are expected to carry their own accident and medical insurance. INITIALS \_\_\_\_\_

I agree that Maryland Entertainment Group, Inc. has my permission to take photographic images and audio and video recording of my child during the program and consent to and authorize Maryland Entertainment Group, Inc to use and reproduce any such photographic images and audio and video recordings and to circulate and publicize the same by all means, including but not limited to, newspaper and other print media, social media, television media, brochures, pamphlets, marketing materials, and websites for future advertising. INITIALS \_\_\_\_\_

In completing this registration, I understand that refunds must be requested in writing via certified mail by June 20th and will incur an processing fee of 15%. Refund requests postmarked after June 20th will not be honored. I also recognize that no refunds or makeup days will be granted for missed days outside of Maryland Entertainment Group, Inc.'s control (IE, severe weather, power outage).

INITIALS \_\_\_\_\_

SIGNED \_\_\_\_\_  
(Guardian/Parent/or Student of Legal Age)

DATE \_\_\_\_\_