



**Summer Camp 2022 Enrollment Form**  
 Return to Florida Children's Theatre  
 3501 Davie Road, Bldg. 5-101, Davie, FL 33314  
 Email: info@flectstar.org

**Personal Information**

Student \_\_\_\_\_

Entering Grade \_\_\_\_\_ Gender \_\_\_\_\_

Age \_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_

Parent 1 \_\_\_\_\_

Parent 2 \_\_\_\_\_

Please specify special circumstances  
 (Guardianship, divorce, etc):

\_\_\_\_\_

\_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Address is Parent 1 \_\_\_\_\_  
 Address is Parent 2 \_\_\_\_\_

Parent 1 Phone \_\_\_\_\_

Parent 2 Phone \_\_\_\_\_

Student Cell \_\_\_\_\_

Other Phone \_\_\_\_\_

Parent 1 Email \_\_\_\_\_

Parent 2 Email \_\_\_\_\_

Student Email \_\_\_\_\_

**Enrollment Information: Select Camp(s):**

Summer Stage @ Broward College: \$895/session  
*(Campers entering grades 2-10)*

Session 1 (6/13-7/8)     Session 2 (7/11-8/5)

Storybook Adventures: \$295 per session  
*(Campers entering Pre-K to 1st grade, min. age 4)*

6/13-6/17:	<input type="checkbox"/> Broward College	<input type="checkbox"/> Galleria
6/20-6/24:	<input type="checkbox"/> Broward College	<input type="checkbox"/> Galleria
6/25-7/1:	<input type="checkbox"/> Broward College	<input type="checkbox"/> Galleria
7/5-7/8*:	<input type="checkbox"/> Broward College	<input type="checkbox"/> Galleria
7/11-7/15:	<input type="checkbox"/> Broward College	<input type="checkbox"/> Galleria
7/18-7/22:	<input type="checkbox"/> Broward College	<input type="checkbox"/> Galleria
7/25-7/29:	<input type="checkbox"/> Broward College	<input type="checkbox"/> Galleria
8/1-8/5:	<input type="checkbox"/> Broward College	<input type="checkbox"/> Galleria

\*4 Day camp \$240

Camp Encore @ Broward College: \$295  
 (Campers entering grades 2-10)

8/8-8/12

**All camps: 50% non-refundable deposit required**

**Payment Information**

Total Tuition: \_\_\_\_\_ 50% Deposit: \_\_\_\_\_

Pay in Full     Pay Deposit Only

Applying for scholarship (We will contact you with amounts due)

Full payment due by Friday preceding first day of camp.

Please add an additional donation of \$ \_\_\_\_\_

Payment Method (choose one):

Will pay online via FLCT Storefront [www.flect.org](http://www.flect.org)

Credit card authorization form attached

Check/money order via mail

Scholarship application pending



**Credit/Debit Card Authorization Form**  
*(All Fields Required)*

**Student Name:** \_\_\_\_\_

**Payment For** *(Circle all that apply):*

**Class/Camp Tuition**

**Production Fee**

**Tickets**

**Production Extras**

**Production Ad**

**Donation**

**Other** \_\_\_\_\_

**Payment Method** *(All major credit cards accepted):*

**Cardholder Name:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Security Code** \_\_\_\_\_

*Security code is 3 digits on back signature panel or 4 digits on front of card for Amex*

**I hereby authorize Florida Children's Theatre to charge my credit card for full payment of all charges incurred by me and/or my child(ren).**

**Cardholder Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Complete form and email, mail, or fax to:**

**Florida Children's Theatre  
Broward College Fine Arts Theatre  
3501 Davie Road, Bldg. 5  
Davie, FL 33314**

**Email: [melanie@flectstar.org](mailto:melanie@flectstar.org)**

**Phone: 954-763-6882**



**2022-2023 RELEASE, INDEMNITY,  
AND HOLD HARMLESS AGREEMENT**

May also be filled out and filed online on the Class/Camp page of [www.flct.org](http://www.flct.org).  
Must be on file in order to participate in the program.

Student Name:	First	MI	Last
Parent/Guardian Name:	First	MI	Last

I, the student named on the attached **Enrollment Agreement**, being sui-juris and above the age of 18 years...

**OR**

I, the parent or legal guardian of the student named on the attached **Enrollment Agreement**, hereby grant permission on behalf of myself, child, or ward, to...

...enter the program known as **Florida Children's Theatre** conducted by **Fort Lauderdale Children's Theatre, Inc.**, presently located at 3501 Davie Rd, Davie, FL 33309, Broward County, Florida, or at any other locations wherein the Theatre is located, or any other location where the Theatre is conducting its performances, and to furthermore participate in all classes, production or any other related activities to be held during the enrollment period.

The undersigned, individual or on behalf of said ward, do, by this instrument release and discharge the **Fort Lauderdale Children's Theatre, Inc.**, of and from all actions and costs of action, judgments, execution, debts, dues, claims, and demands of every kind and nature whatsoever which against the **Fort Lauderdale Children's Theatre, Inc.**, I/we ever had or now have or which our heirs, executors and administrators have now or may hereafter have by reason of any injury sustained to me or to any child or ward while on the premises described above or at any other location wherein the Theatre may be performing, due to the negligence of the officers, agents, servants, or employees of the **Fort Lauderdale Children's Theatre, Inc.**, including any injury or property damage sustained in any vehicle or by any vehicle while being used in transporting us to and from any assigned location.

**Furthermore**, in further consideration of the Agreement, I, the undersigned on my own behalf of my minor ward agree never to institute any suit or action at law or otherwise against the **Fort Lauderdale Children's Theatre, Inc.**, or its employees, servants, agents, officers, and officials; nor institute, prosecute, or in any way aid in the institution or prosecution of any claim, demand, action, or cause of action for damages, costs, loss of services, expense, or compensation for or on another of any damage, loss, or injury, either to person or property, or both as agents or employees of the corporation.

**Furthermore**, I further agree on my own behalf and on behalf of my minor ward that in the event the individual named on the enrollment agreement suffers any illness or accident requiring emergency hospitalization or surgery while at **Fort Lauderdale Children's Theatre**, or any other utilized location, I hereby give my permission for any necessary hospitalization, medication, or surgery on recommendation of a medical doctor with the understanding that the staff or other representative of **Fort Lauderdale Children's Theatre** will contact me at the earliest reasonable time.

**Additionally**, the undersigned agree to indemnify and hold forever harmless **Fort Lauderdale Children's Theatre, Inc.** against any claim for damages, compensation or otherwise that may hereafter at any time be made or brought against **Fort Lauderdale Children's Theatre, Inc.** or by anyone on our behalf for the purpose of enforcing a further claim for damages on account of any injury sustained herein.

I realize that there will be unanticipated and unexpected situations which may arise during these activities and I assume for myself and/or my child or ward, all risk of injury to our person and/or property that may be sustained in connection with the associated activities on or about the premises or at any other authorized location: I further certify that me or my child or ward's attendance and participation in the stated activities is wholly voluntary and that we shall not in any way be considered as an employee, servant, or agent of **Fort Lauderdale Children's Theatre, Inc.**, its operators or sponsors.

**I have read and understood the foregoing release, indemnity, and hold harmless agreement and do attest and agree to same by my signature hereunder.**

\_\_\_\_\_  
 Parent / Guardian Signature (on behalf of minor / ward)  
 or  
 Student Signature (if over 18 years)

\_\_\_\_\_  
 Date



## 2022-2023 Health & Emergency Contact Form

May also be filled out and filed online on the Class/Camp page of [www.flct.org](http://www.flct.org).  
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EMERGENCY CONTACT INFORMATION			
<b>Student Name:</b>	First	MI	Last
<b>Emergency Contact:</b>	First	MI	Last
<b>Relationship:</b>		<b>Home Phone:</b>	
<b>Work Phone:</b>	(     )     -	<b>Mobile Phone:</b>	(     )     -
<b>Physician Name:</b>		<b>Phone:</b>	

1.	<b>Does the student have any health issues? (Check any that apply.)</b>	None	Diabetes	Epilepsy	Food Allergies
		ADD/ ADHD	Autism Spectrum	Asthma	Other: _____
	<b>If so, what special attention or considerations will she/he need?</b>				
2.	<b>Does the student have any allergies?</b>	No	Yes: _____		
	<b>If so, is treatment required?</b>	No	Yes		
	<b>If so, please list steps to take on how to administer treatment.</b>				
3.	<b>Is the student bringing any medication to class/camp?</b>	No	Yes		
	<b>If so, please list all medication being brought to class/camp and proper administration guidelines.</b>				
4.	<b>Has the student had a tetanus booster in the last five (5) years?</b>	No	Yes		

\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
**Parent Signature or Self if over 18**

**Date:** \_\_\_\_\_



## COVID-19 WAIVER

May also be filled out and filed online on the Class/Camp page of [www.flct.org](http://www.flct.org). Must be on file in order to participate in the program.

Any public location where people are present provides an inherent risk of exposure to COVID-19, an extremely contagious disease that may have serious, even fatal, health consequences. By attending programming at Florida Children's Theatre, you voluntarily assume all risks related to exposure to COVID-19.

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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_