



**MGLC Musical Theatre Camp (MTC)  
July 25th – 29th, 2010**

Sun., 6-8pm, Mon. – Thurs., 9 am-2 pm  
Musical Performance: Thurs., July 29th at 7:00 pm

Rev your engines! 'Race to Win' is a driving musical that will help us understand that no one should cross the finish line without a saving faith in Jesus Christ. Our NASCAR theme is clever and fun for both boys and girls! By the time the checkered flag has dropped, everybody knows that real champions find power for living from being on God's team.

Our time together will result in a choreographed 40-minute musical production that we will perform Thursday evening, July 29th, at 7:00pm. Along with learning the music and choreography, we have many exciting games and activities planned. So buckle your seat belts, invite your friends, and join us in the 'Race to Win'!!

**Open to children (MGLC members and non-members) who have completed 1<sup>st</sup> - 6<sup>th</sup> grades.**

**Registration deadline is June 20<sup>th</sup>.**



**Please complete one registration form/child:**



Child's Name: \_\_\_\_\_ Gender (circle): M F  
Grade completed, Spring '10 \_\_\_\_\_  
Parent's Name(s): \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**Fee:** \$50, due with the registration form, includes t-shirt, choral book, and CD. If siblings would like to share a book and CD, the registration fee for additional family members is \$35. Make check payable to Maple Grove Lutheran Church.

**T-shirt size** (circle one): Youth: S M L Adult: S



**Casting Call:** All children attending MTC will learn exciting songs and choreography for the musical. If your child is interested in an acting/speaking part or solo (parts must be memorized prior to camp), a casting call will be held in the evening on June 17th. Sign-up in the church office.

Office Use Only:

Registration Received: \_\_\_\_\_ by: \_\_\_\_\_  
Money received: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

# Medical Info, Consent and Liability Release

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group # \_\_\_\_\_

Carrier Address \_\_\_\_\_ Phone # \_\_\_\_\_

Full Name of Insured \_\_\_\_\_ ID# \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

## In an emergency, if unable to reach parent, contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

## Medical Information:

Are your student's immunizations current (circle)? Yes No Date of last Tetanus Booster \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child take either prescription or non-prescription medication on a regular basis (circle)? Yes No

If yes, please state medication and reason: \_\_\_\_\_

Health or behavior concerns that we should be aware of: asthma, diabetes, epilepsy, ADD, ADHD, etc.:

Allergies: \_\_\_\_\_ Any other information: \_\_\_\_\_

**Liability Release:** This Consent Form gives permission to seek whatever medical attention is deemed necessary, and releases Maple Grove Lutheran Church and persons of any liability against personal losses of you/your child. Please read the following statement and sign below.

I / We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of the student named above, a minor, and have given our consent for him / her to attend Musical Theatre Camp (hereafter the "Event") being organized by Maple Grove Lutheran Church. I / We understand that there are inherent risks involved in any event, and I / we hereby release Maple Grove Lutheran Church, its employees, its agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my / our child's involvement with the Event. In the event that he / she is injured while attending the Event and requires the attention of a doctor, I / we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required which a physician and / or hospital personal refuses to administer without my / our consent, I / we hereby authorize the Program leaders, or another adult leader designated by him / her, to give consent for me / us, and I / we agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I / We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I / we affirm that the health insurance information provided above is accurate at this date and will, to the best of my / our knowledge, still be in force for the student named above at the time of the Event.

I / We give permission for my child to participate in all Musical Theatre Camp activities at Maple Grove Lutheran Church.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I / We give permission for pictures of my child taken during this Event to be used for advertising at the church and on the web-site. My child's name will not be included in any posting of the pictures.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_