

Theatre West's TOFY Camp 2021 REGISTRATION FORM **Page 1**
(Please download, print, fill out, and bring to Registration/Auditions)

PLEASE PRINT CLEARLY

Camper's Name: _____

Address: _____

Parents' Names: _____

CONTACT INFORMATION

Please list all parents/guardians, as well as any caregivers during camp (i.e. friends, grandparents, siblings). List additional contacts on reverse side.

Caregiver 1

Name: _____ Relationship to child: _____

Cell #: _____ Home # _____

Caregiver 2

Name: _____ Relationship to child: _____

Cell #: _____ Home # _____

Emails

Please list the best email/s to reach you with for information both before and during camp. If your child lives in two households, please list BOTH. If you have additional caregivers during camp, please list their emails on the reverse side.

Email 1(required): _____

Email 2 (optional): _____

Allergies, medical conditions, disabilities (Please list/explain):

All campers are included regardless of disability.

Does your child have an EpiPen? ____ Is their allergy life-threatening? ____

Name: _____

Conflicts

List any potential conflicts for the two weeks of camp (July 12-16 and July 19-23). PLEASE NOTE: Attendance is MANDATORY for all dress rehearsals and performances (July 22, 23, 24, 25). Parents must notify the Program Director of any additional conflicts that arise after auditions. Last minute conflicts that occur during camp, especially the second week, may jeopardize the camper's participation in the show.
