



Come Join Us June 21- June 25 from
9 AM – 3 PM for a Summer Musical
Theater Camp at GVHS.

Show June 25 at 1 PM.

For more information check
garnetvalleyspringmusical.com

or email

artersh@garnetvalleyschools.com



GVHSPA Musical Theater Camp
552 Smithbridge Road GVHS
Glen Mills, PA 19342
610-579-7729
artersh@garnetvalleyschools.com

Camper Information

Last Name _____ First Name _____
Street Address _____ City _____ State _____ Zip _____
Gender _____ Age _____ DOB _____ Grade _____ Home Phone _____

Parent or Guardian Information

First Contact _____ Second Contact _____
Daytime Phone _____ Daytime Phone _____
Cell Phone _____ Cell Phone _____
Email _____ Email _____

Would be willing to volunteer to help with food or costumes _____

Emergency Contact (if not one of the above)

Name _____ Phone _____ Relationship to Child _____

Further comments concerning your child _____

PLEASE NOTE: The Director reserves the right to withdraw any camper whose influence or actions are deemed harmful or who will not abide with rules and policies of the camp. In the event of dismissal or withdrawal, refunds are not possible. I certify that I have read and understood the information detailed in this application and that the information I have given and released is true and correct.

EMERGENCY CARE: In case of emergency if parent or guardian cannot be reached, I hereby grant permission to the local Emergency Department to provide urgent medical treatment for my child, including sutures and X-rays, if necessary.

Release of liability :

I, and my heirs, in consideration of my participation in the Musical Theater Camp on June 21- June 25, 2010 at GVHS, hereby release Heather Arters, camp counselors, GVHSPA Board and its directors, the school board of directors, and Garnet Valley School District, its officers, employees and agents, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that the school district does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

(participant)

(parent or guardian's signature if under 18) and date

Please return this application along with the \$150 fee to Heather Arters at above address.

Please visit garnetvalleyspringmusical.com for more information!