



MYSTIC VISION PLAYERS

CHILDREN'S SUMMER THEATRE WORKSHOP REGISTRATION

Tuition \$500.00

Please *print clearly* and fill in all sections to the best of your abilities.

SECTION I: Student Information

Name: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Grade for 23/24 School Year: _____ Sex: M F NB Cell (If the *child* has one): _____

Student's Tee-Shirt size Youth: S M L Adult: S M L XL XXL

SECTION II: Parent/Guardian Information

Guardian's Contact Information

Name: _____ Relationship to Student: _____

Address (If different from above): _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____ Work: _____

E-mail Address: _____

During the day, I am best reached via: CELL PHONE HOME PHONE WORK PHONE

Second Guardian's Contact Information

Name: _____ Relationship to Student: _____

Address (If different from above): _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____ Work: _____

E-mail Address: _____

During the day, I am best reached via: CELL PHONE HOME PHONE WORK PHONE

SECTION III: Emergency Contact Information

In case of an emergency, if a parent cannot be reached, please contact...

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Cell: _____ Work: _____

Relationship to Student: _____

SECTION IV: Insurance Information

Policy Holder's Name: _____

Carrier: _____ Type: _____

ID No.: _____ Plan/Group No.: _____

SECTION V: Medical Information

Does your child suffer from Asthma: YES NO

If YES, are they being treated with an inhaler they will have at camp sessions? YES NO

Please list any allergies (i.e. - food, drug, environmental, etc.) or medical conditions (e.g. diabetes, heart, etc.)

If there is a serious allergy, do they carry an Epi pen? YES NO

Please explain any physical conditions or learning disabilities that require accommodations:

SECTION VI: Rehearsal Conflicts

We ask that everyone try to attend every session and all performances but know that there are sometimes conflicts during the summer. Please list all known conflicts from July 1st - August 2nd which would prevent attendance at rehearsals/performances (e.g. - vacations, other camps/workshops):

Date: _____ Reason: _____

Date: _____ Reason: _____

Date: _____ Reason: _____

SECTION VII: Comments

Please, tell us in the space provided below if there is any other information we should know in order to provide the best experience and safety for your child.

I verify that all the information contained herein is correct to the best of my knowledge.

Parent/Guardian Print Name

Date

****PLEASE EMAIL COMPLETED REGISTRATION FORMS to MYSTICVP@AOL.COM**
IF PAYING BY CHECKS/MONEY ORDER, MAKE THEM PAYABLE TO "MYSTIC
VISION PLAYERS" AND MAIL WITH COMPLETED FORMS TO:**

**MYSTIC VISION PLAYERS CSTW
11 RIDGE ROAD
CLARK, NJ 07066
ATTN: BARBARA GRECO-BRADY**

POSTMARKED BY MONDAY, JUNE 24, 2024