

Camp imagined Registration

Please PRINT the requested information below. Complete one form per student (front and back of this panel) and return or postmark no later than **June 1st**. Payment is required at the time of registration for students not attending schools in the Allentown School District.

THE FRONT AND BACK OF THIS FORM MUST BE COMPLETED TO REGISTER.

Student Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Parent or Guardian Name: _____
Phone: _____ Cell Phone: _____
Email: _____
A.M. Emergency Contact: _____
A.M. Emergency Contact Phone: _____
School: _____ Grade: _____ Age: _____
Food/Medication Allergies: _____
Health/Other concerns: _____

PARENT/GUARDIAN:

I give permission for my son/daughter to attend:

Signature: _____ Date: _____

TEACHER/SPONSOR RECOMMENDATION:

Sponsor Signature: _____ Date: _____

School/Organization: _____

Please return to: MSMT - Performing Arts
Muhlenberg College, 2400 Chew St.,
Allentown, PA 18104-5586

Explore the 2009 Summer Music Theatre Season at:

www.summerbroadway.org

Camp imagine! Waiver

Complete this form in both sections.

Your signatures are required for enrollment in Camp Imagine.

CONTROLLED SUBSTANCE POLICY

I certify that my son/daughter will not be in possession of any controlled substances, including those prescribed by a physician, as defined by the Controlled Substances Act while a participant in Camp Imagine!

Guardian Signature: _____

Relationship (circle one): Parent/Guardian

Student Name: _____

Date: _____

INDEMNIFICATION STATEMENT

It is further understood and agreed that Muhlenberg College does not manage or facilitate Camp Imagine! and/or any of its activities. Muhlenberg College's facilities are being made available for Camp Imagine!

I, parent/legal guardian _____, in full recognition and appreciation of the hazards and exposures involved do hereby voluntarily agree to assume all of the risks and responsibilities involving my child's participation in Camp Imagine!: and further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify and release and forever discharge the Board of Trustees of Muhlenberg College and all of its officers, agents, employees and volunteers from and against any and all claims, demands, and actions, or causes of action of any sort on account of personal injury or death which may result from my/my child's participation in Camp Imagine!

I have read and executed this document with full knowledge of its significance.

Guardian Signature: _____

Relationship (circle one): Parent/Guardian

Student Name: _____

Date: _____