



## Black Repertory Group, Inc. Summer Theatrical Day Camp Of The Arts Application

Step 1: Please print and complete both pages of the application.

Step 2: Call 510-652-2120 or email [info@blackrepertorygroup.com](mailto:info@blackrepertorygroup.com) to schedule an appointment for a site visit and complete the enrollment process. We are located at 3201 Adeline Street Berkeley, CA 94703

PARTICIPANT INFORMATION							
First Name		Last Name			Birth Date		
Address		City			Zip		
Phone				Email			
PARENT/GUARDIAN #1 INFORMATION							
First Name		Last Name			Birth Date		
Address		City			Zip		
Phone				Email			
PARENT/GUARDIAN #2 INFORMATION							
First Name		Last Name			Birth Date		
Address		City			Zip		
Phone				Email			
EMERGENCY CONTACT INFORMATION (must be over the age of 18)							
First Name				Last Name			
Relationship				Phone			
CAMP ENROLLMENT OPTIONS & FEES							
Please "X" which option you are enrolling your child into.							
<b>PAYMENT SPECIAL – 10% OFF FULL PAYMENTS MADE BY June 1<sup>st</sup> !!!!!</b>							
PAID AMOUNTS ARE NON-REFUNDABLE		3 DAYS A WEEK Tuesday, Thursday & Friday			5 DAYS A WEEK Monday – Friday		
Regular Hours	9:00 AM – 3:00 PM	\$330		\$550			
Early Bird	7:00 AM – 9:00 AM	\$110		\$185			
Later Bird	3:00 PM – 6:00 PM	\$165		\$275			
Extended Day	7:00 AM – 6:00 PM	\$600		\$1000			
----- FOR OFFICE USE ONLY -----							
PAYMENT SCHEDULE							
Grand Total	\$	Amount Due	Date Due	Date Recv'd	Payment Type	Parent Initial	BRG Initial
Deposit	50 %		06/01/20__				
2 <sup>nd</sup> Payment	25 %		06/15/20__				
3 <sup>rd</sup> Payment	25 %		07/06/20__				
Parent Signature				<<<By signing you agree to the payment schedule as listed above.			



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## CAMP CALENDAR : JUNE – AUGUST

Session 1	3 <sup>rd</sup> Monday of June – Mid July Camp Closed July 4th
Session 2	Mid-July – Mid August
Performances Daily:	Session 2 10:30 AM & 1:00 PM
Red Carpet Gala	Time TBA: Saturday & Sunday Performances
Field Trip Excursion	Time & Location TBA

## PARTICIPANT MEDICAL INFORMATION & TREATMENT AUTHORIZATION

I \_\_\_\_\_ Parent/Guardian - \_\_\_\_\_ Print Name authorize an agent of BRG Camp Supervisors and Directors to seek medical treatment for my child in an emergency.  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name	Name of Insurance & Health Care Provider
Policy #	Physician's Name
Medication participant is taking	
Medication is treatment for	
Physical Restrictions	
Allergies	
Date of Tetanus Shot (within past 10 years) *Immunizations must be up to date	

## MEDIA RELEASE

I \_\_\_\_\_ Parent/Guardian - \_\_\_\_\_ Print Name authorize Black Repertory Group, Inc. (BRG) to use and reproduce: audio recordings, photographs, film, videotape and interviews taken of and/or with my child; to circulate for advertising and publicity purposes at the discretion of the BRG.  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PICK UP AUTHORIZATION

I \_\_\_\_\_ Parent/Guardian - \_\_\_\_\_ Print Name authorize the following persons to pick up my child from BRG.  
 OR  
 I \_\_\_\_\_ Parent/Guardian - \_\_\_\_\_ Print Name authorize my child to leave on his/her own.  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name	Address	Phone
Name	Address	Phone

## FIELDTRIP PERMISSION

I \_\_\_\_\_ Parent/Guardian - \_\_\_\_\_ Print Name authorize my child to participate and attend the Annual Field Excursion with the BRG Theatrical Day Camp as listed above on this application. Understanding travel times and arrangements will be posted the first week of Session 2.  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## CHANGES TO INFORMATION AND AUTHORIZATIONS

I \_\_\_\_\_ Parent/Guardian - \_\_\_\_\_ Print Name will provide changes to contact information and authorizations as soon as possible and in writing.  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_