

# Summer Stage Camp Application

August 6-10, 2007 Roosevelt University, Schaumburg Campus

Application Deadline: July 15 or until all spots are filled

Camper's First Name

Camper's Last Name

Camper's Nickname

Camper's Street Address

City

State

Zip

Home Phone

Grade in Fall 07

Name of School

Age on Aug 1, 2007

Birthdate

Circle One: Male Female

## EMERGENCY INFORMATION AND CONTACTS

Parent or Legal Guardian Name

Relationship to Camper

Cell Phone

Work Phone

Email

Additional Contact (in the event that the above can not be reached) Additional Contact Phone

Pick up Contact

Vehicle Model/Color

Phone

Pick up Contact

Vehicle Model/Color

Phone

## HEALTH

Allergies (food, medicine, environmental, etc.) & chronic health problems:

Medications\*:

\*Please note that Summer Stage will not administer any medications at the camp.

Child's Physician/Hospital:

Phone:

Insurance Carrier:

Insurance No.:

## TUITION

The total cost of the camp is \$190 per camper. Total balance is due with application. No refunds after July 15, 2007.

- CHECK: Please make checks payable to the **Auditorium Theatre of Roosevelt University**.

- CREDIT CARD:

Credit Card #

Expiration Date

Cardholder Name (Print)

Signature

## PERMISSION

I hereby give my child permission to participate in Summer Stage camp activities. I fully assume all responsibility for injuries he/she may receive or articles lost while participating in these activities and hereby release the Auditorium Theatre of Roosevelt University, Inc., Roosevelt University, Adam Busch, camp counselors and guest artists from any liability for any injury my child may sustain. I understand my child may not be left at the campsite more than 1/2 hour prior to the beginning of camp and must be picked up daily at the assigned dismissal time or a \$10.00 late fee per 30 minutes will be assessed. The Auditorium Theatre of Roosevelt University, Summer Stage and Roosevelt University and their staff members are not responsible for children not picked up. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Auditorium Theatre of Roosevelt University to hospitalize and secure proper treatment for the child named above in case of accident or sudden illness. I give my permission to the Auditorium Theatre of Roosevelt University to take and use photographs or videos of camp activities that contain an image of my child for the limited purpose of promotion and advertising.

Signature:

Parent or Guardian

Date

## Send your Application and Tuition to:

Roosevelt University, Robin Campus  
1400 N Roosevelt Blvd, Room 130  
Attn: Mary Fioretti, Summer Stage  
Schaumburg, IL 60173

or Fax: 847.619.7294

## Questions? Visit [www.auditoriumtheatre.org](http://www.auditoriumtheatre.org).

Contact Mary Fioretti, registrar, at:

847.619.7288

[mfioretti@roosevelt.edu](mailto:mfioretti@roosevelt.edu)

Fax: 847.619.7294 (Attn: Mary Fioretti)