



SUMMER 2009  
**TRIPLE THREAT SEMINAR:  
CHILDREN'S WORKSHOP (Ages 6-14)**

**A. PARTICIPANT INFORMATION (Please Print)**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Parent Email: \_\_\_\_\_ Child Email: \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent's/Guardian Name (s) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

How did you hear about us? \_\_\_ Website \_\_\_ Search Engine \_\_\_ Ad \_\_\_ Other

Referral Program: Did someone specifically recommend camp to you?

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**B. PROGRAM REGISTRATION – Tuition \$395, \$30 registration fee; \$50 photo fee**

Summer Session 2009: Tuesday, July 28-Saturday, August 1 (Tues-Fri, 9a-1p; Sat, 9a-4p)

To be held at MusicMakers Academy, and a local stage location TBA

**C. PAYMENT INFORMATION \***

1. \_\_\_\_\_ Full Payment Enclosed (*If paying in full, please deduct \$15 for a total of \$460*)

2. \_\_\_\_\_ Deposit Enclosed: Amount: \_\_\_\_\_ (50%) Balance Due \$ \_\_\_\_\_ (50%)

*A second payment for the balance is due by June 15, 2009. No invoice or reminder will be issued.*

\* *Students currently enrolled in MusicMakers Private Lessons may deduct \$15*

3. Payment Method: Check (payable to MusicMakers, LLC)

\_\_\_ MC \_\_\_ Visa \_\_\_ Discover \_\_\_ American Express

Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Name listed on card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FILL OUT APPLICATION AND SEND IT WITH YOUR CHILD'S PICTURE/RESUME IF  
APPLICABLE TO:**

MusicMakers Academy – Applications, 517 Hartford Road, Manchester, CT 06040

**Triple Threat Seminar Disclaimer: Deposits** – A minimum deposit of 50% is due at the time of application. The balance of registration is due no later than June 15, 2009. **Personal Checks** – Make checks payable to MusicMakers, LLC. Please include the Participant's name.

Note: A \$25 processing fee will be applied towards all returned checks. Returned checks will not be re-deposited and replacement personal checks cannot be accepted. Payment can be made by credit card or money order. **Refunds** – If you need to cancel after being accepted into Triple Threat, your deposit is refundable minus a \$50 handling fee. Due to the extensive preparations, MusicMakers cannot offer refunds within one month of, or during, the Triple Threat program.

MusicMakers LLC – 517 Hartford Road, Manchester, CT 06040

Phone (860) 646-3096 Fax (877) 233-0842

[www.musicmakersacademy.com](http://www.musicmakersacademy.com) info@musicmakersacademy.com



## 2009 APPLICATION FORM \_\_\_\_\_

Please tell us a little about yourself by answering the following questions.

1. Do you take any classes in the performing arts or play a musical instrument? Yes \_\_\_ No \_\_\_

If so, describe your activities:

Have you ever been involved in a play or musical in your school or community theater?

Yes \_\_\_ No \_\_\_ If so, describe your experience:

2. Have you ever seen a professional production of a play or musical? Yes \_\_\_ No \_\_\_

If so, what show(s) have you seen?

3. What are your favorite shows and why?

4. Do you aspire to work professionally in the performing arts industry? Yes \_\_\_ No \_\_\_

If so, how?

5. Why do you want to attend MusicMakers Triple Threat Seminar Children's Camp?

6. Please tell us about your school

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Music or Drama Teacher(s) Name(s) \_\_\_\_\_

7. Where do attend Private Lessons in voice or instruments (if applicable):

Name of School/Store/Studio: \_\_\_\_\_

Name of Music Teacher: \_\_\_\_\_

8. Would your teacher like to be included on our Educator Mailing List? Yes \_\_\_ No \_\_\_

If yes, please provide your instructor's email address: \_\_\_\_\_



## 2009 MEDICAL RELEASE \_\_\_\_\_

MusicMakers is committed to providing individual attention to each participant who attends our program. To ensure the good health and safety of your child, please complete and return this form. Children will not be permitted to begin class without a signed medical release. Thank you for your cooperation.

Participant Name \_\_\_\_\_

Birthday \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Does your child wear glasses and/or contacts? \_\_\_\_\_

Please list any injuries or chronic health problems that we should be aware of, e.g. asthma, epilepsy, knee injury, etc: \_\_\_\_\_  
\_\_\_\_\_

Please list any medical restrictions or allergies: \_\_\_\_\_  
\_\_\_\_\_

Please list any medications your child is taking or any other information that we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

If your child needs assistance to take any medication, please initial below, giving us permission to administer the medication. Please provide a copy of the physician's prescription and enough medication in its prescription bottle for the entire week of the camp. Also include additional instructions, if any, for administering the medication.

Parent/Guardia Initials: \_\_\_\_\_

Instructions:

If your child needs to take aspirin or Tylenol, please initial below, giving us permission to administer the medication: \_\_\_\_\_ Please send your child in with a week's supply of aspirin/Tylenol.



**EMERGENCY CONTACTS** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

Please provide information for 3 emergency contacts who we may call if we cannot get in touch with you:

1. Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Town in which this person resides and/or works: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Town in which this person resides and/or works: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Town in which this person resides and/or works: \_\_\_\_\_



## 2009 SIGN OUT RELEASE \_\_\_\_\_

MusicMakers Triple Threat ends each day at 1pm (Tues-Fri); 4pm (Saturday). In order to insure the safety of all of our participants, we will not release a child to anyone other than a parent or legal guardian, unless authorized to do so in writing. Please complete this portion of the registration by filling out the section(s) that apply to you.

**Participant Name:** \_\_\_\_\_ **Phone (\_\_\_\_)** \_\_\_\_\_

**I will be picking up my child at the end of each day.**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**I give the following person/s permission to pick up my child.**

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

I, the undersigned, am aware and agree that once my child leaves, MusicMakers is no longer responsible for his/her whereabouts, actions or welfare.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian (Print Name)

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian (Signature)