

SUMMER 2009
**TRIPLE THREAT SEMINAR:
TEEN/ADULT WORKSHOP (age 15+)**

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 \$495, \$30 registration fee, \$50 photographer fee

Summer Session 2009: Tuesday, July 29-Saturday, August 1 (Tues-Fri, 5pm-9pm; Sat. 9am-4pm)

To be held at MusicMakers Academy, local recording studio, and local stage TBA

C. PAYMENT INFORMATION *

1. _____ Full Payment Enclosed (*If paying in full, please deduct \$25 for a total of \$550*)

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 (or immediate family members-siblings, children, parents) in MusicMakers Private Lessons may deduct \$50*

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 A HEADSHOT/PICTURE and RESUME/DETAILED DESCRIPTION OF TRAINING AND PERFORMANCE HISTORY, ALONG WITH A LETTER OF RECOMMENDATION FROM A TEACHER OR INSTRUCTOR TO US AT:

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.



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 you (if adult participant)/your child, please complete and return this form. Participants 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: _____

If adult participant (age 18+), please fill out at least 1 emergency contact.

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

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

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

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



2009 SIGN OUT RELEASE

NOT APPLICABLE IF ADULT PARTICIPANT; ONLY FILL OUT IF CHILD UNDER 18

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 () _____

OR

_____ **I give my child permission to leave on their own (only if valid driver, age 16+)**

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)