



**Rising Stars Broadway Camp  
Registration Form  
(PLEASE PRINT)**

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**Last Name**

**First Name**

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**Address**

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**City**

**State**

**Zip**

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**Email Address (PRINT)**

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**School**

**Grade**

**Age**

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**Parent or guardian name**

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**Workplace, home & cell numbers**

**Emergency contact info:** \_\_\_\_\_

**I hereby authorize the staff and directors representing Rising Stars Broadway Camp to give consent for any and all necessary emergency medical and First Aid for my child (listed above) while said child is attending camp.**

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**Parent/Guardian signatures (sign/print/date)**

**Enclosed is my non refundable payment of \$\_\_\_\_\_**

**Check or money order payable to:**

**Rising Stars c/o JM Productions ~ PO Box 2313 ~ Quincy, MA ~ 02269~2313**

**All payments are non-refundable and non-transferable**

**For additional information or questions email [jfm@jmproductionspresents.com](mailto:jfm@jmproductionspresents.com)**

*Full tuition balance must be paid by February 14, 2011*