



SUMMER RISING STARS BROADWAY CAMP
Registration Form

Last Name First Name MI

Street Address

City State Zip

Home Phone Email Cell Number

School Grade Age

Parent

Workplace

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 in said individual's custody.

Parent/Guardian

Date

Enclosed is my payment of \$_____ Make checks or money order payable to: **Rising Stars Broadway Summer Camp** c/o **JM Productions ~ PO Box 2313 Quincy, MA 02269~2313**. All payments must be made in full on May 15, 2010 For further information email us at jfm@jmproductionspresents.com