



## Rising Stars Summer 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 Summer 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 \$\_\_\_\_\_ Shirt size \_\_\_\_\_  
Kids small, med, large Adult small, med, large, extra large  
A **non-refundable** deposit of \$25.00 is due with registration form in order to reserve one camp space. Make checks or money order payable to: **Rising Stars Broadway Summer Camp c/o JM Productions ~ PO Box 2313 Quincy, MA 02269~2313**. All remaining payments must be made in full on or before the first day of camp. For further information email us at [jfm@jmproductionspresents.com](mailto:jfm@jmproductionspresents.com)