

**2025 Summer Musical Theater Arts Camp Sponsored by:  
Plymouth State University- ETC, Flying Monkey and Plymouth Recreation  
PROGRAM REGISTRATION FORM (One form per family per program)  
Camp Dates- June 23-27 2025- Registration Fee- \$200.00**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M    F    Allergies/Limitations: \_\_\_\_\_

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T-shirt size-Please circle one      Youth- Sm (6-8) Med (10-12) LG (14-16)      Adult- SM Med. LG XL

Parent/Guardian Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Text Phone #: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

2<sup>nd</sup> Parent/Emergency Contact Name: \_\_\_\_\_ Text Phone #: \_\_\_\_\_

**RELEASE OF ALL CLAIMS**

In consideration of the permission granted for the participant named above to take part in the above named program, I hereby release for myself and my heirs, Plymouth Recreation, Flying Monkey, Plymouth State University, its agents, employees, volunteers and other program participants from all actions, damages and claims that may result in personal injuries and property damages. I recognize there may be inherent dangers in participating in programs which may present a strain on the body and its parts, and furthermore, I represent that to the best of my knowledge the participant is in proper physical condition to allow participation. I therefore assume all risk associated with participation in said program. I understand that, in case of injury or illness, teachers will attempt to contact the parent/guardian listed above. In the event of a medical emergency, I consent to the participant's treatment by a medical doctor and I agree to pay all costs associated with said treatment, including transportation to a medical facility. I, the undersigned, have read this release and understand all its terms and implications and I hereby execute this release of my own free will and with full knowledge of its significance.

\_\_\_\_\_  
Signature (Parent/Guardian if participant is under 18)

\_\_\_\_\_  
Date

**PERMISSION TO USE PHOTOGRAPHIC IMAGES**

I give permission for photos or video to be taken of my child during programs for the purpose of flyers, websites, Facebook, etc.



Yes, participant photos may be used.



No, participant photos may not be used.

**Please Email form to [pmirish@plymouth.edu](mailto:pmirish@plymouth.edu) or Mail to:**

**Plymouth State University**

**ETC**

**17 High St**

**MSC 38**

**Plymouth NH 03264**

**Please pay registration online with the link below: Contact Pam for details 603-387-9739**