

# NEXT GEN overnight CAMP 2026



**CAMP DATES ARE SUNDAY, JUNE 21ST - SATURDAY, JUNE 27TH**

## CAMPER

NAME \_\_\_\_\_ PREFERRED PRONOUNS \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

## PARENT/GUARDIAN 1

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

## PARENT/GUARDIAN 2

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

## NON PARENT EMERGENCY CONTACT (We will only contact this person if we can not reach a parent)

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

## MEDICAL INFORMATION

DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list allergies \_\_\_\_\_

DOES YOUR CHILD CARRY AN EPINEPHRINE INJECTOR? (i.e. EpiPen) YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE LIST ANY DIETARY RESTRICTIONS \_\_\_\_\_

DOES YOUR CHILD TAKE ANY MEDICATION? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list the **name of the medication, dose**, and **administration schedule** here: \_\_\_\_\_

\_\_\_\_\_

Camper Name \_\_\_\_\_

**MEDICAL INFORMATION CNTD.**

**HOW WOULD YOU LIKE ANY MEDICATIONS TO BE ADMINISTERED?**

My child does not take any medications\_\_\_\_\_ My child is allowed to self administer their medication(s)\_\_\_\_\_

I would like a counselor to administer my child's medication(s) and I will hand them off at check in\_\_\_\_\_

**PLEASE LIST ANY OTHER MEDICAL OR HEALTH RELATED ISSUES WE SHOULD KNOW ABOUT:** \_\_\_\_\_

**THE FUN STUFF**

**WHAT SIZE T-SHIRT WOULD YOU LIKE?** (Adult XS to Adult XXL) \_\_\_\_\_

**SINGING EXPERIENCE**

Beginner\_\_\_\_\_ Intermediate\_\_\_\_\_ Advanced\_\_\_\_\_

**VOCAL RANGE**

Soprano\_\_\_\_\_ Alto\_\_\_\_\_ Tenor\_\_\_\_\_ Baritone\_\_\_\_\_ I don't know\_\_\_\_\_ Other\_\_\_\_\_

**DANCE EXPERIENCE**

Beginner\_\_\_\_\_ Intermediate\_\_\_\_\_ Advanced\_\_\_\_\_

**ACTING EXPERIENCE**

Beginner\_\_\_\_\_ Intermediate\_\_\_\_\_ Advanced\_\_\_\_\_

**HAVE YOU BEEN IN A SHOW BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_**

If yes, tell us your favorite and what role(s) you played! \_\_\_\_\_

If no, list four adjectives that you think describe your personality best! \_\_\_\_\_

**PAYMENT** (Please make checks payable to ***Next Generation Theatre***)

**I AM PAYING A DEPOSIT FOR OVERNIGHT CAMP 2025 AND AM INCLUDING A CHECK FOR \$500 \_\_\_\_\_**

(You will be sent an invoice on April 1st for the remaining \$425)

You are paying a deposit for overnight camp 2026. If for some reason your child is not able to attend and you notify us by April 15th, 2026 you will receive a refund of \$225. The second payment for camp will be due on May 1st, 2026, you will receive an invoice via email to pay. If your child is not able to attend after you have made the second payment and you notify us 30 days (May 24th, 2026) before the start of camp you will receive a 75% refund of the full tuition. If we are notified between days 29-15 you will receive a 50% refund. Anytime after 15 days prior to the start of camp a refund can not be offered, you will receive a credit of \$250 that can be used towards classes, camp or show tuition (excluding tickets).

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**Mail to: 4040 Yorktown Dr. Upper Chichester Pa. 19061**