



# **MUSICAL THEATRE SUMMER ACADEMY 2026**

**Monday June 8th - Friday July 17th 2026**

**Performance Thursday July 16th 2026**

## **CAMPER REGISTRATION FORM**

**Please mail completed form to  
20970C Via Oleander, Boca Raton FL 33428**



# MUSICAL THEATRE SUMMER ACADEMY CAMPER REGISTRATION FORM 2026

*Please type or print all information.*

**Please read, sign and return Policy Statement permission form together with registration.**

**Student's Name:** \_\_\_\_\_ **Last First** \_\_\_\_\_ **First** \_\_\_\_\_

Address:

Development Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Grade as of current school year ending June 2026 \_\_\_\_\_ Name of School: \_\_\_\_\_

Camp attended last Summer: \_\_\_\_\_

Child's T-shirt size: \_\_\_\_\_

**Mother's Name (or Guardian) :** \_\_\_\_\_

Address: \_\_\_\_\_

Development Name: \_\_\_\_\_

**Father's Name (or Guardian):**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address:

Development Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address:

If parents are divorced / separated who has legal custody?

Who has custody during the time that the child is attending the camp?

PARENT'S SIGNATURE

DATE:



# MUSICAL THEATRE SUMMER ACADEMY POLICY STATEMENT 2026

Campers's Name \_\_\_\_\_

## CAMP FEES:

Six week camp \$2100.00

Please make checks payable to: HEATHER SCHMULIAN'S DRAMA-WORKS INC

PAY IN FULL FOR 6 WEEK CAMP BY MARCH 27TH AND RECEIVE \$350 discount

PAY IN FULL FOR 6 WEEK CAMP BY APRIL 15TH AND RECEIVE \$275 discount

ENROLLMENT FORMS AND PAYMENT DUE IN FULL BY MAY 22RD, 2026

(whether full time or partial week campers and CITs)

## Technical Fee due for Theatre

There is a cost of \$250 for the hire of Equipment for use on the days of technical rehearsals and performance. This fee is due on Thursday July 8th, 2026

## Before Camp Care / After Camp Care

All are available at a separate cost.

Please contact Heather

[heatherschmulian1@gmail.com](mailto:heatherschmulian1@gmail.com)

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## CAMP REFUND:

HEATHER SCHMULIAN'S DRAMA-WORKS sincerely hopes that your child/children will be able to attend the entire six week camp for which you have registered. A full refund less the registration fee of \$350 will be given up until May 23rd 2026 There are NO refunds after May 23rd 2026 for any reason including but not limited to: Sickness, separation anxiety, vacation, injury or non-compliance with camp rules.

Only for an extended absence (a full week) due to illness or family emergencies will a CREDIT applicable to future HEATHER SCHMULIAN'S DRAMA-WORKS classes or camp be granted.

Individual days missed cannot be made up during later classes. THERE WILL BE NO CASH REFUNDS.

In the event that the National Hurricane Center broadcasts a hurricane warning for

South Florida, HEATHER SCHMULIAN'S DRAMA-WORKS will cancel its program for the duration of the inclement weather. There will be no refund or make-up days for the days missed.

\_\_\_\_\_ My initials to the left indicate that I have read and agree to abide by the camp refund policy

As Parents or Guardians we agree that we will be responsible for any loss, damage or destruction by our camper to any property of the Camp or to any property for which the Camp is liable or chargeable.

HEATHER SCHMULIAN'S DRAMA-WORKS. is hereby granted permission to use any individual or group photo showing our child/children involved in Camp activities for advertising purposes.

HEATHER SCHMULIAN'S DRAMA-WORKS. may unilaterally dismiss a Camper should it determine that the conduct of the camper is not in the best interests of the camp.

As Parents or Guardians we understand that all possible precautions are taken to insure that the programs and activities at DRAMA-WORKS MUSICAL THEATRE SUMMER CAMP are conducted by qualified personnel in a safe and responsible manner. However, we further understand, because of the nature of some activities within the program and regardless of the high degree of supervision, there is a possibility of accidental injury. These activities might include (but are not limited to) swimming and waterslides. We recognize these risks and agree to allow our child to participate in the program. We agree to assume these risks and release and hold DRAMAWORKS INC , WEST BOCA HIGH SCHOOL and BOCA PREP INTERNATIONAL SCHOOL their officers, directors, employees and agents harmless from and waive any claim against Heather Schmulian's DRAMA-WORKS, WEST BOCA HIGH SCHOOL and BOCA PREP INTERNATIONAL SCHOOL as to any injury that may occur to our child / children while attending DRAMA-WORK MUSICAL THEATRE SUMMER CAMP.

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If Parents or Guardians cannot be reached, I give consent to emergency transportation, X-rays, medical treatment(s), surgery, or dental care for my child. I agree to assume responsibility for charges so incurred.

#### **Emergency contact (if unable to reach Parent/Legal guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

#### **Doctor's information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please state any allergies/ physical restrictions:

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## PICK-UP INFORMATION

I give permission for my child to be picked up by the following (please include yourself and any other parent or legal guardian, caregiver or carpool member). I agree that once my child leaves the premises or is released to me or to one of the below named authorized people, Drama-works is no longer responsible for his/her whereabouts, actions or welfare.

NAME:

RELATIONSHIP:

PHONE

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Please sign below to indicate that you have read, completed and understand the policies and information stated above, including the refund policy and that you agree to abide by them.

**Both Parents or Custodial Parent must sign.**

The information in this release is correct. My child has permission to take part in all HEATHER SCHMULIAN'S DRAMA-WORKS activities

Father/ Guardians' signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/ Guardians' signature \_\_\_\_\_ Date \_\_\_\_\_

To sign up, please mail registration form and policy statement together with your check to:

**HEATHER SCHMULIAN'S DRAMA-WORKS  
20970C VIA OLEANDER  
BOCA RATON, FL 33428**

**Or send payment separately to VENMO:**

**@Heather-Schmulian**

*Please make sure we have a copy of the health forms for your child by the start of camp on June 8th 2026*