

for office use only

Date Rec'd \_\_\_\_\_ A \_\_\_\_\_ H \_\_\_\_\_ P \_\_\_\_\_ D \_\_\_\_\_ Paypal \_\_\_\_\_ PIF \_\_\_\_\_ Day 1: PP \_\_\_\_\_ Ins \_\_\_\_\_

Allergies? Y or N \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Fall Grade \_\_\_\_\_ Date Complete \_\_\_\_\_

Total payment due: \$ \_\_\_\_\_



Mailing Address: P.O. Box 99 • Westborough, MA • 01581-0099

Phone: 508-439-0434 Email: info@starfuntheatercamp.com

Web: http://www.starfuntheatercamp.com

Located at: 300 Pleasant St., Framingham, MA 01701

## 2012 Counselor Assistant Application

Please check appropriate session or sessions:

\_\_\_ Session # 1 Jun 25th to July 6th \_\_\_ Session # 2 Jul 9th to Jul 20th \_\_\_ Session # 3 Jul 23rd to Aug 3rd

### About the Counselor Assistant (CA):

CA's Name: \_\_\_\_\_  
*first middle last*

Grade entering in September, 2012: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ Age on July 1, 2012: \_\_\_\_\_

School Attending: \_\_\_\_\_ Years Attending Starfun Theater Camp: \_\_\_\_\_

### About the Parents:

Parent(s) or Guardian(s) name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
*street city state zip code*

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

Email Addresses: \_\_\_\_\_

If anything comes up (an emergency), we will always make an effort to contact you first.  
However, if you can not be reached, please provide additional contact information below:

Emergency Contact: \_\_\_\_\_  
*name/ relationship phone number*

\_\_\_\_\_  
*name/ relationship phone number*

Medical insurance carrier and certificate number: \_\_\_\_\_

The C.A.'s t-shirt size is: \_\_\_\_\_



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### Parent's Or Guardian's Agreement

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Please read carefully and sign below.

The number of Counselor Assistants (CA's) will be limited for each session. A \$100 nonrefundable deposit is required at the time of registration. Our acceptance of this deposit will insure the CA's space in the program. There are no tuition deductions or refunds for Counselor Assistants who arrive late, leave early, or are dismissed from StarFun Theater Camp because of infraction of camp rules.

Balance of the tuition MUST be paid no later than May 15, 2012.

Cost for the CA Program is \$315 for Session # 1 (We will be closed on July 4, 2012), and \$350 for Session # 2 or Session # 3. None of the Camper discounts apply.

Some CA's may be requested to be at camp by 8:45 am. All sessions run Monday through Friday from 9 am to 3 pm.

StarFun Theater Camp is not responsible or liable for any personal possessions, clothing or valuables left by the child at camp.

A health exam form (downloadable or enclosed in the packet) must be completed by a licensed physician as per requirements of the State of Massachusetts. We request all forms and the full remainder of tuition due NO LATER THAN May 15, 2012.

I agree with the above conditions for my child, \_\_\_\_\_ to participate in the Counselor Assistant Program at StarFun Theater Camp.

CA's Name: \_\_\_\_\_

Parent's Name (printed): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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**Tuition deposit check made payable to StarFun Theater Camp must accompany this application, or the deposit can be paid with your credit card on our website at [www.starfuntheatercamp.com](http://www.starfuntheatercamp.com) prior to your child's registration being accepted.**

**Send all applications (and deposit of \$100 if paying by check) to:  
Roz Martin/StarFun Theater Camp Administrator  
P.O. Box 99 Westborough, MA 01581-0099**



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### Permission For Pictures And Video Taping

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Please read carefully and sign below.

By signing this form, I give permission for pictures to be taken of my CA at camp to be used in promotional or marketing literature, articles, Web site or videos associated with The StarFun Theater Camp.

For your information, your child's name will not appear on the website.

CA's Name: \_\_\_\_\_

Parent's Name (printed): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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### Questions For The Counselors Assistant

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Tell us briefly about your experiences at StarFun Theater Camp: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us why you feel you'd make a good Counselor's Assistant (CA): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## Health Examination Form

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**PLEASE FILL OUT SECTIONS A,B AND D COMPLETELY. YOU MAY USE YOUR PHYSICIAN'S MEDICAL FORM IN LIEU OF SECTION C AND BE SURE TO SIGN AUTHORIZATION SECTION.**

**A.** This form must be completed and signed (not just stamped) by a parent or guardian (page one) and a physician (page two) and must be sent to the PO Box by June 1st. This is mandatory for your child's protection. No hand-carried forms will be accepted on Opening Day.

Camper Name \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F Birthdate \_\_\_\_\_

Session (circle) 1 2 3 Medical Insurance Carrier and Certificate # \_\_\_\_\_

Parent / Guardians Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Parent / Guardian's Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Address( if different ) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

In Emergency (if parents are unavailable)

Name/Relationship to camper \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name/Relationship to camper \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**B. HEALTH HISTORY:** Please check one. If you answer "yes", to any question, please explain and give dates. Attach additional sheet if necessary.

Allergies            yes\_\_ no\_\_ \_\_\_\_\_            Operations            yes\_\_ no\_\_ \_\_\_\_\_

Asthma            yes\_\_ no\_\_ \_\_\_\_\_            Fractures            yes\_\_ no\_\_ \_\_\_\_\_

Frequent colds    yes\_\_ no\_\_ \_\_\_\_\_            Polio myelitis        yes\_\_ no\_\_ \_\_\_\_\_

Ear infections    yes\_\_ no\_\_ \_\_\_\_\_            Rheumatic fever     yes\_\_ no\_\_ \_\_\_\_\_

Stomach upsets    yes\_\_ no\_\_ \_\_\_\_\_            Mononucleosis        yes\_\_ no\_\_ \_\_\_\_\_

Diarrhea            yes\_\_ no\_\_ \_\_\_\_\_            Hay fever            yes\_\_ no\_\_ \_\_\_\_\_

Kidney problems    yes\_\_ no\_\_ \_\_\_\_\_            Sinusitis            yes\_\_ no\_\_ \_\_\_\_\_

Heart problems    yes\_\_ no\_\_ \_\_\_\_\_            Bronchitis            yes\_\_ no\_\_ \_\_\_\_\_

Fainting            yes\_\_ no\_\_ \_\_\_\_\_            Convulsions          yes\_\_ no\_\_ \_\_\_\_\_

Diabetes            yes\_\_ no\_\_ \_\_\_\_\_            Tuberculosis          yes\_\_ no\_\_ \_\_\_\_\_

### PARENT'S AUTHORIZATION

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment and to order injection, anesthesia or surgery for my child as named above.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Health Examination Form (page 2)

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Please check one of the following:

\_\_\_ C - 1. See the Physician's Physical Form, attached. If not attached, I promise to send it by \_\_\_\_\_.

\_\_\_ C - 2. Our child does not receive immunizations, and the appropriate legal paperwork is included and signed.

\_\_\_ C - 3. Here is my child's Immunization History below, with all appropriate signatures and Physician Information provided.

**C. IMMUNIZATION HISTORY:** This is a record of dates of basic immunizations and most recent booster doses.

DPT Series _____	Booster _____	Tetanus Booster _____
Polio OPV (Sabin) _____	Booster _____	Typhoid _____
Measles Vaccine (live) _____		Tuberculin Test _____
German Measles (Rubella) _____		Mumps Vaccine (live) _____
Smallpox _____		Other _____
Other _____		

**MEDICAL EXAMINATION:** To be completely filled out by a licensed physician, not stamped. This examination should be performed within one year of camp's beginning. If you wish, you may attach your physician's form.

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Hgb. Test \_\_\_\_\_

Urinalysis \_\_\_\_\_ Eyes \_\_\_\_\_ Glasses \_\_\_\_\_ Lungs \_\_\_\_\_

Allergies (please specify) \_\_\_\_\_

Ears \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_ Hernia \_\_\_\_\_

Posture (spine) \_\_\_\_\_ Teeth \_\_\_\_\_ Skin \_\_\_\_\_ Heart \_\_\_\_\_

General Appraisal \_\_\_\_\_

**RECOMMENDATIONS AND RESTRICTIONS WHILE IN CAMP:**

Special Diet (as required by physician) \_\_\_\_\_

Special Medicine (if yes, must have doctor's orders with it) yes \_\_\_ no \_\_\_

Name of Medicine \_\_\_\_\_ Is parent sending it? \_\_\_\_\_

Strenuous activity \_\_\_\_\_ Orthopedic restrictions \_\_\_\_\_

Other \_\_\_\_\_

**I have examined the person herein described and reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.**

\_\_\_\_\_  
Examining physician's signature (Please do not stamp.) MD

Telephone( ) \_\_\_\_\_ Address \_\_\_\_\_

Date \_\_\_\_\_



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### Health Examination Form (page 3)

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**D. PERSONAL HISTORY:**

Does your child have any siblings? \_\_\_\_\_ If yes, where is your child's place within the siblings?

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Does your child have an IEP during the school year?      yes\_\_ no\_\_

How would you describe your child socially? \_\_\_\_\_

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Has your child had a previous camp experience?    \_\_\_ Day Camp    \_\_\_ Specialty Camp    \_\_\_ Overnight Camp

Camp Name: \_\_\_\_\_

If yes, please tell about this experience.

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