

CIRCLE ARTS' K.I.D.s (Klasses In Drama) SUMMER THEATRE CAMP

CHILD'S NAME _____ AGE _____ M/F

Circle the grade your child completed as of May, 2018: 2nd 3rd 4th 5th 6th 7th 8th

Child's shirt size (Camp T-shirt included) _____

PARENT'S NAME _____

MAILING ADDRESS _____ ZIP _____

E-MAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

MEDICAL CONDITIONS/DISORDERS _____

IN CASE OF EMERGENCY, CONTACT _____

DISMISSAL RELEASE FORM

My child _____ has my permission to come outside to my car after class has been dismissed.

(Parent Signature)

I wish my child _____ to remain in the building after class has been dismissed and I will come in to get him/her.

(Parent Signature)

PICTURE RELEASE

Circle Arts Theatre has my permission to use my child's photo in publicity directly related to K.I.D.s drama classes.

(Parent Signature)

****PLEASE MAKE CHECKS PAYABLE TO CIRCLE ARTS THEATRE****

Mail form & check to Circle Arts Theatre, 124 Elizabeth St. New Braunfels, TX. 78130

TUITION 1 week only: \$200, July 9-13, 2018 Monday-Friday, Camp held at *Circle Arts Theatre*

_____ 9:00am-12:00pm - Grades 2nd- 4th _____ 1:00pm-4:00pm – Grades 5th-9th

TUITION 2 weeks: \$300, July 9-20, 2018 Monday-Friday, Camp held at *Circle Arts Theatre*

_____ 9:00am-12:00pm - Grades 2nd- 4th _____ 1:00pm-4:00pm – Grades 5th-9th

Note: \$25 family discount when registering two or more children

\$25 *non-refundable deposit* to hold space for child: Check # _____ Date _____

Final Payment: Check # _____ Amount: _____ Date _____

PARENTS' RESPONSIBILITIES

This experience is only successful with YOUR involvement!

- 1. CLASS ATTENDANCE:** Your child needs to be at camp every day (unless sick) not only for their sake, but for the entire class. Theatre is just like a team sport! We need everyone there to get the job done. **Any child that misses a day of the 2nd week of camp, may not be able to participate in the recital.**
- 2. CAMP ATTIRE:** Shorts, capri's, or pants must be worn. Please, no dresses or swim suits. And for safety reasons, no flip flops may be worn during any day of camp.
- 3. COSTUMES:** Your child's t-shirt (which is part of the tuition package), a pair of blue jeans, and soft-soled shoes such as tennies, athletic shoes, or sandals with backstraps. Please make sure these shoes do not light up, make noise, or roll!
- 4. AUDITION:** We will hold auditions to determine your child's part, hand out scripts, and musical CD's.
- 5. RECITAL:** Following their last day at camp, we will present their shows. We certainly hope you will be able to join us at this time to view your child's work. This performance is free to you!
July 20, Friday, 11:00am sharp – 2nd-4th Grade, at Circle Arts Theatre
July 20, Friday, 3:00pm sharp – 5th-9th Grade, at Circle Arts Theatre
- 6. LATE TO PICK UP YOUR CHILD:** It is the policy of this theatre that no child be left unattended. However, the staff is on a tight schedule and for any child left 5 minutes after class has ended there will be a \$5.00 charge. \$5.00 will be added for each additional 10 minutes. Payment due next day.
- 7. HOMEWORK:** Your child will need help in memorizing their lines and cues.
Camp time is not enough for them to be successful. **THEY NEED YOU!**

GENERAL INFORMATION

What do we teach?

How to use the voice	Areas of the stage	Ensemble acting
How to use the body	Theatre terms	Essential production elements
Body positions on stage	Character analysis	Musical & Dance instruction

A NOTE ON THE INSTRUCTOR:

JENNIFER GODFREY ... graduate in drama from Texas State University ... extensive acting experience at Texas State as well as Circle Arts Theatre ... has taught many summer camps for Circle Arts, churches, and other theatre companies ... currently teaching drama on the high school level in San Antonio.

CIRCLE ARTS THEATRE
Personal Medical History & Medical Release
PLEASE PRINT!

NAME _____		
DATE OF BIRTH _____	AGE _____	SEX _____
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
HOME PHONE _____	CELL PHONE _____	
EMAIL _____	WORK PHONE _____	

HEALTH INSURANCE

CARRIER NAME _____	GROUP # _____
ADDRESS _____	SUBSCRIBER # _____

PHYSICIAN(S)	PHONE	ADDRESS
_____	_____	_____
_____	_____	_____

CURRENT MEDICATIONS	DRUG ALLERGIES	FOOD/OTHER ALLERGIES
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_____	_____	_____
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Does your child have any other special needs or medical conditions of which we should be aware?

EMERGENCY CONTACTS	RELATIONSHIP	HOME PHONE	CELL PHONE
_____	_____	_____	_____
_____	_____	_____	_____

WAIVER OF LIABILITY & MEDICAL TREATMENT AUTHORIZATION

I do hereby appoint CIRCLE ARTS THEATRE to act on my behalf in regards to my child _____, in the event that I cannot be contacted, to authorize or refuse necessary emergency treatment while my child is participating in class and related events. I understand and agree that I will be responsible for the payment of all costs incurred incident to such treatment. I will not hold CIRCLE ARTS THEATRE or its Staff Members in any way responsible for accidents and/or injury to the child that are wholly or in part resulting from participating in class events.

NAME _____	SIGNATURE _____	DATE _____
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