

REGISTRATION FORM: DRAMA CAMP 2017

JUNE 19 - 30

WORDS. SONG & IMAGINATION

Sponsored by Dixon Community Players
at the Toolshed in Dixon #68 Hwy. 75

Please fill out this form completely, using one form per student.

FEES: Register and pay before June 10 for the SPECIAL rate.

A nonrefundable deposit of \$20 per class will be applied toward the class tuition. Dixon Community Players reserves the right to alter scheduled classes as deemed necessary. You can complete all registration forms online at www.dixonplayers.com and email the forms to Holly Haas at rockpool@valornet.com.

You can also pick up the forms at the Embudo Valley Library. Mail registration materials and checks to:
Holly Haas PO Box 208, Rock Pool Gardens, Dixon, NM 87527

SPECIAL

\$50 for both weeks 10:00-3:00

\$30 per week 10:00-3:00

Regular camp fee is \$125 per week
or \$200 both weeks
to be charged after June 10

We are offering DRAMA CAMP 2017

For this VERY SPECIAL RATE

With help from

**the Sheila Fortune Foundation and
the Dixon Community Players**

Full Scholarships available based on need

Student's Name: _____ Date of Birth: _____ Grade Entering: _____

School _____ Sex _____

Parent/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone _____ Additional Phone(s) _____

E-mail Address: _____

Classes Applied for:

WEEK 1 WORDS, SONG & IMAGINATION June 19 - 23 _____

WEEK 2 WORDS, SONG & IMAGINATION June 26 - 30 _____

Tuition: _____ **Check** (payable to EVAA-DCP or Dixon Community Players) _____ **Cash**

_____ Financial Aid Camp free for those who are unable to pay the \$50 fee (please complete form)

You can mail registration materials and check to Holly Haas, PO Box 208 Dixon 87527 or leave it on the front porch at Rock Pool Gardens. You can also leave it at the library to put in the DRAMA CAMP folder

Video/Photo Release

I agree to allow Dixon Community Players or the instructors to use any photographs, videotapes or other likenesses of my child taken in connection with any of the activities for publicity, promotion, entertainment or for inclusion in publications or online information about the DRAMA CAMP.

(Parent/Guardian) _____

I verify that the information I have given is accurate and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

**DRAMA CAMP 2017: WORDS, SONG & IMAGINATION
RELEASE FORM**

**Sponsored by Dixon Community Players
at the Toolshed in Dixon #68 Hwy. 75**

1. My child, _____ is participating in the DRAMA CAMP sponsored by the Dixon Community Players at the Toolshed in Dixon, NM. I recognize that the DRAMA CAMP classes involve physical exertion which may cause physical injury, and I am fully aware of the risks and hazards involved. I have instructed my child to stop any movement that will cause pain and ask the instructor for help.
2. In consideration of my child's participation in the DRAMA CAMP, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which he/she might incur as a result of participating in the workshop.
3. In further agreement for my child to participate in the DRAMA CAMP, I knowingly, voluntarily and expressly waive any claim I may have against Heather Hooper, Barbara Kress, Ellen Kress, Holly Haas, Sheila Schiferl, Gennys Moulton, Jessica Silverman and Simon Feavearyear for injury or damages that my child may sustain as a result of participating in the program.
4. My heirs or legal representatives forever release, waive, discharge and covenant not to sue for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. I agree to hold harmless Simon Feavearyear, his family and heirs, and Heather Hooper, Barbara Kress, Ellen Kress, Holly Haas, Sheila Schiferl, Gennys Moulton, Jessica Silverman and their family and heirs.

Parent or legal guardian _____

Date _____

Medical Information For
DRAMA CAMP 2017: WORDS, SONG & IMAGINATION JUNE 19 - 30
Sponsored by Dixon Community Players @ the Toolshed in Dixon #68 Hwy. 75
Please complete a form for each student.

Student's Name: _____ Date of Birth: _____ Grade Entering: _____

Parent/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Are there any **medical problems/conditions** of which we need to be aware? ___ Yes ___ No

If yes, please explain: _____

Is the student taking any **medications**? ___ Yes ___ No

If yes, please list medications and how often they are taken: _____

Does the student have any **allergies**? ___ Yes ___ No

If yes, please list allergies to medicine or food, as well as environmental allergies: _____

May we give your child any of the following without calling you:

Aspirin ___ Yes ___ No Tylenol ___ Yes ___ No Ibuprofen ___ Yes ___ No

Names and phone numbers of **parents/guardians, friends or relatives** we may contact in case of emergency.

Name	Phone Number	Type of number	Relationship
_____	_____	Home, work, cell	_____
_____	_____	Home, work, cell	_____
_____	_____	Home, work, cell	_____

I verify that the information I have given is accurate and correct to the best of my knowledge.

In case of emergency, I, _____, give my permission to Dixon Community Players and their agents to obtain emergency medical treatment for my child

Parent/Guardian Signature: _____ Date: _____

Name of person or persons allowed to pick up the student after class

Application for Financial Aid
For 2017 DRAMA CAMP WORDS, SONG & IMAGINATION
sponsored by Dixon Community Players @ the Toolshed in Dixon #68 Hwy. 75

Please complete an application for each student.

I am applying for: **WEEK 1 WORDS, SONG & IMAGINATION** _____

WEEK 2 WORDS, SONG & IMAGINATION _____

Amount Applied For: _____

Eligibility is based on financial need and available funds. In order to be considered for financial assistance, this application must be completed in its entirety and returned to the Dixon Community Players **by June 10**. You will be notified of any award amount. All information on this form will be kept **strictly confidential**.

Student's Name: _____ Date of Birth: _____ Grade Entering: _____

Parent/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best phone to use–Day: _____ Best phone to use–Evening _____

E-mail Address: _____

Please tell us why you want to take this class (*In student's own words*): _____

_____ (Continue on separate sheet if needed)

_____ Student is part of the **Free Lunch** program at _____ (School)

_____ Student is part of the **Reduced Lunch** program at _____ (School)

_____ Student is not in school or attends home school.

_____ Student does not receive lunch assistance.

Total income from all sources to support household over the past 12 months: \$ _____

Number of people in the household: Adults _____ Children _____

I verify that the information I have given is accurate and correct to the best of my knowledge. I agree to pay the balance of the class tuition after any financial aid is awarded. I understand that any payment schedule must be approved before the first day of class. I also understand that students are expected to attend each class session and that I am responsible for the student's transportation to and from DRAMA CAMP.

Parent/Guardian Signature: _____ Date: _____

DRAMA CAMP: WORDS, SONG & IMAGINATION 2017 JUNE 19-30

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Frequently Asked Questions

What are the payment requirements?

A \$20 deposit per class is required at registration, with the balance due paid in full by the first day of camp, June 19 for WEEK 1 WORDS, SONG & IMAGINATION and June 23 for WEEK 2 WORDS, SONG & IMAGINATION. If you need to make other arrangements, please call 505-579-4602.

Is financial aid available for students?

Financial aid is available for those who demonstrate true financial need. Applications are available on our website or at the Embudo Valley Library.

What time should I arrive?

Please arrive approximately 10 minutes early, especially the first day of class, so you and your child may meet the facilitators and fill out any additional forms.

What should my child wear?

Participants should wear comfortable summer clothing. Sandals with straps or tennis shoes are recommended.

What about food and drink?

Participants should bring their own lunch and water bottles. Water will be provided to replenish their bottles. Snacks will be available during breaks.

What if my child needs to miss a class?

Please let us know in advance if your child will miss any classes so that facilitators can adjust their plans accordingly. Refunds cannot be made for missed classes.

Can parents sit in and watch the class?

To help students let go of their inhibitions, we encourage parents not to accompany their child to camp. You may drop your child off at the theater door and pick up your child at the end of the day.

What time should I pick up my child?

Parents should arrive shortly before 3:00 pm to pick up their child. The pick-up/drop-off point is the Theatre's front entrance. Our first priority is your child's safety. Please be prompt. Teachers will only release students to parents and trusted guardians, unless prior arrangements have been made.

Will there be a performance at the end of classes?

Performances are intended to be very informal and will reflect the work the students have done in classes in the two weeks of camp. Performance dates and times will be announced.

Why ages 7-17 are accepted at the same time in DRAMA CAMP?

Theatre skills are life skills! People in all grades will work together during warm-up exercises at the beginning of each day. After warm-up, the ensemble groups will be divided approximately by ages 7-11 and 12-17 for the assigned tasks.

Behavior

In order to ensure that students derive maximum benefit and enjoyment from the DRAMA CAMP experience, students who become disruptive or disrespectful will be removed from camp with no refund of tuition.

For more information, please call Holly Haas at 505-579-4602