



## Musical Theatre Summer Camp 2010

June 21<sup>st</sup> - July 2<sup>nd</sup>, 2010

Grades 1 - 4

- Time: 9:00 am - 12:00 noon (no lunch program)  
Location: Sherwood Oaks Christian Church (2700 East Rogers Road, Bloomington)  
Ages: Grades 1 through 4 (see separate form for older grades)  
Performance: Participants are invited to participate in a Musical Revue, which will take place on July 2<sup>nd</sup>, as the opening act for *Seussical, Jr.* (Performed by 5<sup>th</sup>-8<sup>th</sup> graders.) Tickets for this event will be \$5 and sold at the door. Please indicate if your child will not be present at the final performance. This will help us plan this event.

Participants will be grouped into classes according to grade. The musical revue will showcase a culmination of elements learned during camp. Though the revue is something each child can feel proud of and should enjoy inviting friends and family to attend, it is only a small part of what camp offers your child. The focus of camp is giving the children enrolled an opportunity to learn many facets of performing in a fun, age-appropriate and safe environment. No prior theatre experience is necessary and all children are invited to participate in the performance. Classes will include:

- singing
- dancing
- improv games
- acting
- prop making
- costume design
- stage make up
- program cover art

The cost is \$150 for the two week session. A camp t-shirt is included in the fee.

There is limited space available. Registrations will be accepted on a first-come, first-served basis. Your child's spot in camp will be reserved when both the registration form and payment are received. Confirmation of your child's accepted registration will be acknowledged by email. A wait list will be maintained if necessary. No refunds after April 1<sup>st</sup>.

Questions sent to [info@stagesbloomington.com](mailto:info@stagesbloomington.com) will be promptly answered.

To register, please return the attached registration form with payment (checks payable to Stages Bloomington) to: *Stages Bloomington, P.O. Box 5036, Bloomington, IN 47407* or register online with a credit card by following the link at [www.stagesbloomington.com](http://www.stagesbloomington.com).

**Stages Bloomington 2010  
Summer Camp Registration Form  
Grades 1-4**

Student's Name \_\_\_\_\_

Student's School \_\_\_\_\_ Student's grade level in 2010-11 \_\_\_\_\_

T shirt size (please circle one): Youth XS S M L      Adult S M L XL

Parent/Guardian Name/s \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

E-mail Address/es (for Stages correspondence only) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

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

Please list any allergies or medical conditions of which Stages Bloomington should be aware:

\_\_\_\_\_

\_\_\_\_\_ My child would like to participate in camp but will not be able to attend the final performance. I understand they will still be learning all of the music and choreography, but may need to sit and observe final staging rehearsals. (Please initial only if your child will not be participating in the final performance.)

**Transportation Proxy:**

Please list any people other than yourself who are authorized to pick up your child from camp:

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

**Photo/Audio/Videotape Release:**

I understand that audio recordings, photos, and/or videotapes may be published of the participants of Stages Bloomington Summer Camp, including my child. I hereby give my consent for my child to be audio recorded, photographed or videotaped in connection with his/her participation in the program. I further agree that all such audio recordings, photos or videotapes shall be the exclusive property of Stages Bloomington and, subject to the limitations expressed below, I release and give to Stages Bloomington all rights of ownership and all rights to copy, and publish, and use such audio recordings, photos and videotapes. I acknowledge and agree that Stages Bloomington may use any of the aforementioned materials for educational and promotional purposes, including but not limited to publication in brochures and other promotional materials and on the Stages Bloomington website. I understand that Stages Bloomington will not identify my child or allow any third party to use the photos and videotapes for commercial purposes without obtaining my written permission first.

**Medical Treatment Authorization:**

In case of an emergency, I authorize Stages Bloomington to take my child to the nearest medical facility and further authorize that facility and any of its staff or any licensed physician to perform any medical treatment (such as admission to emergency department or hospital, surgery, administration of medication, general treatment) upon my child. I/we agree to be fully responsible for all costs of such treatment.

**Assumption of Risk and Release from Liability:**

In consideration of Stages Bloomington’s services rendered, and services to be rendered in organizing and managing the “Camp” and in consideration of the Child’s participation in the Camp, Child and Parent, acting for the Child, hereby:

1. State that they understand that certain risks are inherent in participation and that they fully accept those risks. These risks may include, but are not limited to, such things as incidents and accidents related to productions, adverse weather conditions, and other physical, mental, and emotional injury.
2. State that they understand that some of the assistants with the Camp are parents or students who may not be agents or employees of Stages Bloomington.
3. State that they fully understand the above risks and the scope of the activities involved in the Program and agree to assume the risks of the Child’s participation in the Camp, including the risk of catastrophic injury or death.
4. Release and fully discharge Stages Bloomington from all liability in connection with the Child’s participation in the Camp, for or on account of any injury to or illness of the person or death, or for account of any loss or damage to any personal property or effects owned by me.

**I HEREBY EXECUTE THIS TRANSPORTATION PROXY, MEDICAL TREATMENT AUTHORIZATION, PHOTO/AUDIO/VIDEOTAPE RELEASE AND ASSUMPTION OF RISK AND RELEASE FROM LIABILITY FORM.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_