

Please return all three pages by June 1, 2018 to:

Camp Shakespeare

516 8th Street SE, Washington, DC 20003

Email: campstc@shakespearetheatre.org Fax: 202.547.0226

This form must be completed before your child can attend Camp Shakespeare

Participant's Name: _____

Participant's Date of Birth: _____ Current Grade: _____ Returning Camper?: YES NO

I hereby give permission for my child to attend the following session(s) of Camp Shakespeare:

Select Age Group: Poppets (7-8) Groundlings (9-11) Young Players (12-14) King's Company (15-18)
 Advanced Camp (13-18)

Select Session(s):

DC: Session I (6/25-7/7) Session II (7/9-7/21) Session III (7/23-8/4) Session IV (8/6-8/18)
 Advanced Camp (6/25-7/14) Advanced Camp (7/16-8/4)
 Poppets Session A (6/25-6/29) Poppets Session B (7/2-7/6) Poppets Session C (7/9-7/13)
 Poppets Session D (7/16-7/20) Poppets Session E (7/23-7/27) Poppets Session F (7/30-8/3)
 Poppets Session G (8/6-8/10) Poppets Session H (8/13-8/17)

VA: Alexandria (7/23-8/4)

CAMP SHAKESPEARE ATTENDANCE POLICY

Camp program hours are 10:00 a.m. to 5:00 p.m. Students are required to arrive on time and sign in with the staff every morning. If a student has not arrived by 10:30 a.m., then Shakespeare Theatre Company staff will call his/her parent or guardian. **If students will be late, absent, picked up early, or picked up late, please call the Education Hotline at 202-547-5688 as soon as possible.** However, please try to avoid students being late, missing camp for appointments, and picking students up early during the session since anyone leaving early creates significant challenges for the success of the Camp Showcases.

I agree that before 9:45 a.m. and after 5:15 p.m. the Shakespeare Theatre Company is absolved from all responsibility for my child. There will be a supervisor on the premises between 9:45 a.m. and 5:15 p.m. ONLY. I am aware that I may not drop off my child at Camp Shakespeare before 9:45 a.m. I may pick up my child between 4:45—5:15 p.m. If I do not pick up my child by 5:15 p.m., then I will be charged a \$25.00 fee. If a staff member must consistently remain with my child past 5:15 p.m., then my child may lose the privilege of returning to camp.

➤ Initial of Parent/Guardian _____

TRANSPORTATION INFORMATION

For the safety of your child, please indicate his/her typical mode of transportation to and from our facilities. If the mode of transportation changes, please notify us as soon as possible about the change.

Taking Metro/Walking/Biking (*This box must be checked to give your child permission to self-dismiss.*)

Dropped off/picked up. Please list the names of those authorized to pick-up your student: _____

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CAMP SHAKESPEARE BEHAVIOR AGREEMENT

I understand that my child is not permitted to leave the facility while camp is in session except in the case of an excused lunch or early dismissal at parent/guardian request.

I understand that if my child is overly disruptive; verbally or physically abusive to another student, teaching artist, or adult; he/she will upon:

- 1st Offence: Receive a verbal warning
- 2nd Offence: Receive a written warning and parent check-in phone call
- 3rd Offence: Be expelled from camp and not allowed to return for the remainder of the session or subsequent sessions. **No refund will be issued.**

➤ Initial of Parent/Guardian _____

King's Company and Advanced Camp Only

Students in our King's Company and Advanced Camp programming must have parental permission to leave the Camp Shakespeare premises when dismissed for their lunch break. Students may stay onsite with a lunch from home, but supervision will not be provided.

By initialing, I grant permission for my teenage child to leave the Camp Shakespeare premises during lunch and absolve the Shakespeare Theatre Company from all responsibility for my child once dismissed.

➤ Initial of Parent/Guardian _____

USE OF IMAGE RELEASE

As part of Camp Shakespeare, STC may photograph or film participating students and include these images in our archives and promotional materials. In order for your child to be included in these materials, we require parent/guardian permission.

Shakespeare Theatre Company guarantees that any appearance by the student in any material produced by STC will be not-for-profit only and will not be sold, leased, or made available for rental in any format in perpetuity. STC shall have the exclusive and complete control of, title to, and right of copyright to all of the images pursuant to this agreement. **I consent to have my student's image, likeness and voice documented.**

➤ Initial of Parent/Guardian _____

AGREEMENT TO TERMS

I have read and understand the policies of the Shakespeare Theatre Company outlined throughout. My child and I agree to uphold these policies. If I do not uphold these policies, I understand that the Shakespeare Theatre Company reserves the right to revoke my participation in Camp Shakespeare without a refund.

I understand that in the case of an emergency, the Camp staff will take appropriate action as it, in its sole discretion, deems necessary. I agree to release and hold harmless the Shakespeare Theatre Company, its directors and employees from all liability related to any incidents, loss or damages that occur as a result of my child's participation in Camp Shakespeare at the Shakespeare Theatre Company.

➤ Signature of Parent/Guardian _____ Date _____

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CAMP SHAKESPEARE MEDICAL INFORMATION AND EMERGENCY CONTACT FORM

Participant's Name: _____

Attending the following camp/s:

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 Advanced Camp (13-18)

Select Session(s):

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VA: Alexandria (7/23-8/4)

The Shakespeare Theatre Company encourages children of all abilities to discover and develop their full creative potential through the performing arts. **In order to plan the best experience for your child, we ask that you provide us with specific information regarding special circumstances or conditions that may impact your child's learning or participation in Camp Shakespeare.** As our team of Teaching Artists plan the camp curriculum in early spring, this information will help us address the needs of your individual child. Examples that help us plan include physical limitations, such as asthma or severe vision or hearing impairment, and developmental challenges such as Dyslexia, Asperger's Syndrome, Autism, ADD or ADHD. **Please feel free to include additional sheets.**

Please list prescription medication/s your child is currently taking, if any:

Please list any allergies your child has, and the severity of the reaction:

Emergency Contact Information:

Primary Contact : _____ Relationship to Child: _____

Phone: _____

Secondary Contact : _____ Relationship to Child: _____

Phone: _____

Insurance and Physician Information:

Health Insurance Carrier: _____ Phone: _____

Child's Physician: _____ Phone: _____