



SHAKESPEARE THEATRE COMPANY

ENGAGEMENT and EDUCATION

Please return all three pages by June 1, 2020 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 student can attend Camp Shakespeare

Participant's Name: _____

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

I hereby give permission for my student 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)
 Summer Intensive (13-18)

Select Session(s):

DC: Session I (6/29-7/11) Session II (7/13-7/25) Session III (7/27-8/8) Session IV (8/10-8/22)
 Summer Intensive *Romeo & Juliet* (6/29-7/18) Summer Intensive *The Winter's Tale* (7/20-8/8)
 Poppets Session A (6/29-7/3) Poppets Session B (7/6-7/10) Poppets Session C (7/13-7/17)
 Poppets Session D (7/20-7/24) Poppets Session E (7/27-7/31) Poppets Session F (8/3-8/7)
 Poppets Session G (8/10-8/14) Poppets Session H (8/17-8/21)

VA: McLean (7/20-8/1)

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 their parent or guardian. **If students will be late, absent, picked up early, or picked up late, please call the Engagement and 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 since absences create significant challenges for the success of 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 student. 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 student at Camp Shakespeare before 9:45 a.m. I may pick up my student between 4:45—5:15 p.m. If I do not pick up my student by 5:15 p.m., then I will be charged a \$25.00 fee. If a staff member must consistently remain with my student past 5:15 p.m., then my student may lose the privilege of returning to camp.

➤ Initial of Parent/Guardian _____

TRANSPORTATION INFORMATION

For the safety of your student, please indicate their 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 student 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 student 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 student is overly disruptive; verbally or physically abusive to another student, teaching artist, or adult; they will upon:

- 1st Offence: Receive a verbal warning
- 2nd Offence: Receive a written warning and parent/guardian 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 Summer Intensive Only

Students in our King's Company and Summer Intensive programming must have 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 student to leave the Camp Shakespeare premises during lunch and absolve Shakespeare Theatre Company from all responsibility for my student 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 student 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 Shakespeare Theatre Company outlined throughout. My student and I agree to uphold these policies. If I do not uphold these policies, I understand that 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, Camp Shakespeare staff will take appropriate action as it, in its sole discretion, deems necessary. I agree to release and hold harmless Shakespeare Theatre Company, its directors and employees from all liability related to any incidents, loss or damages that occur as a result of my student's participation in Camp Shakespeare at 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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Select Session(s):

DC: Session I (6/29-7/11) Session II (7/13-7/25) Session III (7/27-8/8) Session IV (8/10-8/22)
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VA: McLean (7/20-8/1)

Shakespeare Theatre Company encourages students of all abilities to discover and develop their full creative potential through the performing arts. **In order to plan the best experience for your student, we ask that you provide us with specific information regarding special circumstances or conditions that may impact your student's learning or participation in Camp Shakespeare.** As our team of Teaching Artists plan the camp curriculum, this information will help us address the needs of your individual student, and tell us whether to reach out to you with more specific questions. Information that helps us plan includes descriptions of physical, developmental, or social abilities, challenges, or behaviors. Please feel free to include additional sheets.

Please list prescription medication(s) your student is currently taking, if any:

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

Emergency Contact Information:

Primary Contact: _____ Relationship to Student: _____

Best Phone Number during the Camp Day: _____

Secondary Contact : _____ Relationship to Student: _____

Phone Number(s): _____

Health Insurance Carrier: _____ Phone: _____

Student's Physician: _____ Phone: _____