

The REES Theatre

July Summer Workshops

July 8th - July 12th / July 15th - July 19th

(Each week will have separate lessons and performances. Students can sign up for both summer camp weeks if spots are available. Otherwise, please specify which week would be the first choice.)

EDUCATION FOCUS

1. Develop a character
2. Analyze a play
3. Work as an ensemble
4. Learn stagecraft
5. Refine acting skills
6. Perform!

MATERIALS NEEDED

1. Sack lunch
2. Comfy clothes and tennis shoes

SCHEDULE/ Grades 4th - 6th:

(Performance for grades 4th - 6th will be on Friday, July 12th at 3 PM)

(Performance for grades 4th - 6th will be on Friday, July 19th at 3 PM)

Grades 4th - 6th (just finished 4th grade)

Summer Camp times will be:

Monday through Thursday- Drop off: 9 AM / Pick Up: 2 PM

Friday- Drop off: 9 AM / Performance: 3 PM

SCHEDULE/ Grades MS & HS:

(Performance for MS/HS will be on Thursday, July 25th at 2 PM)

(Performance for MS/HS will be on Friday, July 26th at 7:30 PM)

(Performance for MS/HS will be on Saturday, July 27th at 7:30 PM)

(Performance for MS/HS will be on Sunday, July 28th at 2 PM)

MS (just completed 7th grade) / HS (just completed 9th grade)

To be assigned a role in the MS/HS production, the student will need to attend both summer camp weeks and all tech rehearsals:

Summer Camp times will be:

Camps: July 8th - July 12th and July 15th - July 19th

Monday through Thursday- Drop off: 9 AM / Pick Up: 2 PM

Friday- Drop off: 9 AM / Performance: 3 PM

Tech Rehearsals: Monday, July 22nd from 6 PM to 8 PM

Tuesday, July 23rd from 6 PM to 8 PM

Wednesday, July 24th from 6 PM to 8 PM

COST:

Grades 4th - 6th \$300 per camp week

Grades MS/HS \$350 per camp week

Camp Registration Form

First Name: _____

Last Name: _____

Birth Date: ____ / ____ / ____

Phone Number: () _____ - _____

Email Address _____

Desired Name Tag: _____

Primary Address:

Street Address: _____

Street Address Line 2: _____

City: _____

State / Province: _____

Postal / Zip Code: _____

I, _____ (parent/ guardian name printed), give permission for my child to be involved with The REES Summer Camp.

Parent/ Guardian Signature: _____

Date: _____

My child will be attending: (July 8th - July 12th) or (July 15 - July 19th)

1 week: (Please designate week attending) _____ Both: _____

Medical Information

Does your child have special instructions for medical treatment? If yes, please explain including the medication your child is taking:

Are there any activities that you wish your camper to not participate in? Please explain below:

Does your camper have or had Asthma, Kidney Disease, Diabetes, Heart Murmur, Seizures, Hay Fever? Does your child have any other medical condition that may affect their participation in the camp? Please explain below:

Please list any of your child's known allergens.

Name of Doctor: _____

Phone Number: () _____ - _____

Consent and Authorization

I, the undersigned, hereby declare and affirm that:

I am the parent/legal guardian of the youth named above (hereinafter referred to as "Child"), who is under my care and responsibility.

I hereby consent and give authority to the participation of my Child in the scheduled youth activities of The REES Summer Camp ("Camp"), and all other activities which are supervised and customarily associated with the Camp.

I hereby declare and affirm that my Child is physically fit to take part in the Camp's activities and my Child has no known illness or adverse medical condition that would render him/her unfit to participate therein, other than the information specified in the medical information above.

I shall immediately advise the organizers in writing, should I discover any illness, adverse medical condition, or any other physical defect that would render my Child unfit to participate in any of the activities of the Camp.

I agree to indemnify and hold harmless The REES Theater INC. and its agents, employees and volunteers for any and all liability, loss, damage or expense sustained in connection with my child's participation in the activities and performances of the Camp.

Authorization for Medical Treatment

I understand that in case of medical emergencies involving my Child, I shall be notified immediately. In case any of my provided contact information is unreachable, I authorize the organization to call the doctor indicated above. In case that the doctor is not available, I authorize the organizers to call any doctor to provide the necessary medical attention to my child.

I understand that the camp shall not be responsible, and shall be reimbursed, for any medical expenses incurred by them over this authorization.

Name of Parent/Guardian:

First Name:

Last Name:

Contact Number: () _____ - _____

Signature of Parent/Guardian: _____

Pick Up:

Who is authorized to pick up your camper?

1. _____
2. _____
3. _____

(Each authorized person will need to present an ID upon arrival.)

Photo Release

- I authorize The REES Theatre to use any photo or recording of my Child taken during the Camp and related performances for promotional purposes without compensation to my Child or me. Such use may include publication on social media, news media, and other promotional materials such as fliers or playbills.

- I DO NOT authorize The REES Theatre to use any photo or recording of my Child taken during the Camp or related performances for promotional purposes without compensation to my Child or me.