

## **BAY STREET THEATER KIDS CAMP**

Stella Maris Regional School 135 Division St Sag Harbor, 11963

## Please check week of enrollment:

\_\_\_\_\_Week 1: August 10-14, 2015 Shakespeare Stories: Twelfth Night (Ages 7-9)

Campers will embark on a week long journey into Shakespeare's classic comedy at a playful, kid-friendly level. Kids will explore this classic madcap tale of mistaken identity, as they learn about and perform some of Shakespeare's funniest words and plot twists. At the end of the week, campers will perform live as part of Bay Street's professional rendition of TWELFTH NIGHT.

\_\_\_\_ Week 2: August 17-21, 2015

My Life is a Musical: Camp! (Ages 9-12)

What if you got trapped in a musical version of your life? This whirlwind 1-week camp gives campers the opportunity to find out. Using some of pop music and Broadway's favorite songs, every camper has their chance to shine and discover what it might be like if their lives were musicals, too!

**Camp runs from 9:30am – 12:30pm** 

Please Note -A snack will be provided each day for all campers.

\$465 per child for one week of camp

\$800 per child when you sign up for two weeks

A separate form must be filled out for each child.

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| t your child's previou<br>c.):            | s experience, if any, in the   |
| our child would like                      | to learn more about? Likes?  |
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| o know about your ches of which we should | aild as it pertains to performance be made aware?                      |
| y Street's Vacation K                     | ids Camp?  |
|   | t your child's previou c.):  o know about your ches of which we should |

As the parent/legal guardian, I understand the need for a prompt drop-off at 9:30am and pick-up each day at 12:30PM. I will ensure that my child is prepared for class and wearing comfortable clothes and shoes for dance/movement. I have signed the parent/guardian release form.

AGREED TO BY:

RELATIONSHIP TO CHILD:

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| Please return forms with payment to: | or fill in credit card info here: |
| BAY ST. THEATER CAMP                 | Type of credit card:              |
| P.O. Box 810<br>Sag Harbor, NY 11963 | CC#:                              |
|                                      | Security Code:                    |
| ATTN: Lorien                         | exp date:                         |
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## AGREEMENT, RELEASE FROM LIABILITY, WAIVER OF CLAIMS & ASSUMPTION OF RISK

I agree to pay all participation fees. I, on behalf of myself, my heirs, executors, agents, assigns, and representatives, hereby indemnify, release and forever hold harmless Bay Street Theatre Festival Inc., a not-for-profit corporation, as well as its directors, employees and instructors, from any and all claims of liability arising from any accident, personal injury, death, or property loss or damage sustained by my child/myself/the minor child for whom I am a legal guardian, while that person is participating in activities connected with Bay Street Theatre Festival Inc., including classes, rehearsals, performances, or other activities. I understand that dance activities have inherent risks of injury, and, being fully aware of all risk, I consent to have my child/myself/the minor child for whom I am a legal guardian, participate in the programs and activities offered by Bay Street Theatre Festival Inc. and I accept full responsibility for providing adequate health and accident insurance coverage for the protection of all of the following who participate in these programs/activities: my child/myself/the minor child for whom I am a legal guardian.

By signing this statement, I declare that the aforesaid participant is in good health, with no physical conditions that might prevent his/her/my participation in strenuous and rigorous dance activities and other training and performance connected with musical theater. Further I understand and acknowledge that because of the physical nature of theater, there may be physical contact between directors, employees, staff, company members, instructors and students during rehearsals, shows, workshops, productions, and especially during vocal, dance or acting instruction. I understand that at times for proper instruction and safety, physical contact is required and necessary.

I have carefully read this Agreement, Waiver, Release, & Assumption of Risk and fully understand its contents. I understand that this is an assumption of risk and release of liability, and I sign it of my own free will.

I also authorize Bay Street Theatre Festival Inc. to use photos and videos of me for promotional purposes. If I am signing this in my capacity as the legal guardian of a minor child, I authorize Bay Street Theatre Festival Inc. to use photos and videos of the minor child for promotional purposes.

| Date:                         |      |
|-------------------------------|------|
| Signature:                    |      |
| Print Your Name:              |      |
| Child's Name:                 |      |
| Signature of Legal Guardian:  | <br> |
| Print name of Legal Guardian: |      |