

# REGISTRATION FORM

## DRAMA CAMP 2024

**JULY 8-26,2024 | Monday thru Friday | 2:30-4:30 pm**

**Facilitated by the Dixon Community Theater**

**Please fill out this form completely, using one form per student.**

You are able to download all registration forms online at and email the forms to

**dixoncommunitytheater@gmail.com**

You can choose to pay with Square or send a check made payable to **Dixon Community Theater** along with your forms.

When you contact Kelly or Abel to enroll your child, they will email the forms to you. Registration forms will also be available at the Dixon Senior Multi-Use Center.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Preferred \_\_\_\_\_

Phone \_\_\_\_\_ Additional Phone(s) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I agree to enroll -

\_\_\_\_\_ Summer Theater Camp JULY 8-26, 2024

\_\_\_\_\_ Tuition: \$150

Choose form of payment:

Check \_\_\_\_\_ to Dixon Community Theater (DCT ) or Cash \_\_\_\_\_ or Square Online! \_\_\_\_\_

\*\*If the name of payer is different than listed above, please provide or N/A \_\_\_\_\_

Video/Photo Release

I agree to allow **Dixon Community Theater** or the instructors to use any photographs, videotapes or other likenesses of my child taken in connection with any of the activities for publicity, promotion, entertainment or for inclusion in publications or online information about the DRAMA CAMP.

(Parent/Guardian) \_\_\_\_\_

I verify that the information I have given is accurate and correct to the best of my knowledge and agree to the terms of registration.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Medical Information Form

## DRAMA CAMP 2024

Sponsored by Dixon Community Theater  
Please complete a form for each student.

If this information is the same as last year, write student's name and SAME

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ E-mail

Address: \_\_\_\_\_ Are there any **medical problems/conditions** of which we need to be aware? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Is the student taking any **medications**? \_\_\_ Yes \_\_\_ No

If yes, please list medications and how often they are taken: \_\_\_\_\_

Does the student have any **allergies**? \_\_\_ Yes \_\_\_ No

If yes, please list allergies to medicine or food, as well as environmental allergies: \_\_\_\_\_

May we give your child any of the following without calling you:

Aspirin \_\_\_ Yes \_\_\_ No Tylenol \_\_\_ Yes \_\_\_ No Ibuprofen \_\_\_ Yes \_\_\_ No

Names and phone numbers of **parents/guardians, friends or relatives** we may contact in case of emergency.

**Name Phone Number Type of number Relationship**

\_\_\_\_\_ Home, work, cell \_\_\_\_\_

\_\_\_\_\_ Home, work, cell \_\_\_\_\_

\_\_\_\_\_ Home, work, cell \_\_\_\_\_

I verify that the information I have given is accurate and correct to the best of my knowledge.

**In case of emergency, I, \_\_\_\_\_, give my permission to Dixon Community Theater and their agents to obtain emergency medical treatment for my child**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person or persons allowed to pick up the student after camp.

\_\_\_\_\_

# RELEASE FORM

## DRAMA CAMP 202

Sponsored by the Dixon Community Theater

1. My child, \_\_\_\_\_ is participating in the DRAMA CAMP sponsored by the Dixon Community Theater at the Senior Multi- Use Center. I recognize that the DRAMA CAMP classes involve physical exertion which may cause physical injury, and I am fully aware of the risks and hazards involved. I have instructed my child to stop any movement that will cause pain and ask the instructor for help.
2. In consideration of my child's participation in the DRAMA CAMP, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which he/she might incur as a result of participating in the workshop.
3. In further agreement for my child to participate in the DRAMA CAMP, I knowingly, voluntarily and expressly waive any claim I may have against **Dixon Community Theater, City of Dixon, and Instructors and Volunteers of the Program** for injury or damages that my child may sustain as a result of participating in the program.
4. My heirs or legal representatives forever release, waive, discharge and covenant not to sue for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Parent or legal guardian \_\_\_\_\_

Date \_\_\_\_\_

DRAMA CAMP 2024  
Dixon Community Theater  
**FREQUENTLY ASKED QUESTIONS**

**What are the payment requirements?**

Please get payment to Kelly or Abel by the first day of camp.

\$150 for 3 weeks

June 8-26, 2024

2:30-4:00 pm

Performance: Thursday, July 25, 5:30 pm at the Dixon Multi-Use Senior Center

**What time should I arrive?**

Please arrive approximately 10-15 minutes early, especially the first day of class, so you and your child may meet the facilitators and fill out any additional forms.

**What should my child wear?**

Participants should wear comfortable summer clothing. Sandals with straps or tennis shoes are recommended.

**What about food and drink?**

Participants should bring their own water bottles. Water will be provided to replenish their bottles.

**What if my child needs to miss a class?**

Please let us know in advance if your child will miss any classes so that facilitators can adjust their plans accordingly. If your child does not appear, you will receive a call to make sure your child is safe.

**Can parents sit in and watch the class?**

To help students let go of their inhibitions, we encourage parents not to accompany their child to camp. You may drop your child off at the theater door and pick up your child at the end of the class.

**What time should I pick up my child?**

Parents should arrive shortly before **4:30pm** to pick up their child. The pick-up/drop-off point is the Center's front entrance. Our first priority is your child's safety. Teachers will only release students to parents and trusted guardians, unless prior arrangements have been made.

**Will there be a performance at the end of classes?**

We will have a final performance on Thursday July 26, at 5:30 pm. Free Admission. The performances will also be recorded, edited, and shown on YouTube. The students will also have a "Wrap Party" and Reflection session on Friday, July 26 during the regularly scheduled time 2:30-4:30pm.

**Behavior**

In order to ensure that students derive maximum benefit and enjoyment from the DRAMA CAMP experience, students who become disruptive or disrespectful will be removed from camp with no refund of tuition.

**For more information, please call Kelly or Abel at 831-212-3491  
or email [dixoncommunitytheater@gmail.com](mailto:dixoncommunitytheater@gmail.com)**

**DIXON COMMUNITY THEATER IS A 501(C)3 NON-PROFIT ORGANIZATION  
ID NUMBER 99-2707703**