

# Carson Theatre Summer Camp Registration

## Imagination Lives! 2022

Student Name \_\_\_\_\_

Age \_\_\_\_\_

Grade \_\_\_\_\_

Child's School \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Email \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell/Work Phone \_\_\_\_\_

### **Week One**

JULY 11-14

**Camp Drop-Off 8:30AM**

**Camp Pick-Up 3:30PM**

**Cost:** \$100.00/student

### **Week Two**

JULY 18-21

**Camp Drop-Off 8:30AM**

**Camp Pick-Up 3:30PM**

**Cost:** \$100.00/student

Please circle which week your student is registering for:

Week One (JUNE 11-14) \$100

Week Two (JUNE 18-21) \$100

Total: \_\_\_\_\_

\*If registering multiple students, please fill out individual forms for each.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment & paperwork is due the Monday you camp week begins.

*Each day of camp involves a focus on one subject area within theatre. From puppetry and improvisation, to acting and movement, we allow students to explore a range of experience within the theatre world. Because camp is for varying levels, often we rotate stations and groups, student may select which group they want to work with, or we do an activity as an entire camp!*

*This camp is an exciting, fun-filled experience where we stress the collaborative nature of live theater. Through teamwork, we create a safe environment that encourages participants to think creatively and expressively. Our goal is to teach, guide, and nurture the emerging theater artist as well as those interested in learning about the theater. This is a low-stress, high-energy experience. Come and have fun, make new friends and learn about the art and craft of theatre!  
Students of all levels are welcome!*

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### **Camp Registration**

Children may not attend camp without registration and emergency contact information on file.

### **Lunch**

Please send students with a lunch, and a drink. You may pack a small snack (optional).

### **Child's Health History**

1. **Allergies** \_\_\_\_\_
2. **Has your child been diagnosed with any medical conditions camp staff need to be aware of**
3. **Special requirements:**

\_\_\_\_\_

\_\_\_\_\_

**Medications during the day:** \_\_\_\_\_

**Special Diet:** \_\_\_\_\_

**Explain:** \_\_\_\_\_

### **Emergency Contact Info**

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Relationship** \_\_\_\_\_

Please complete this and the following form & complete online payment to:

*Jesse C. Carson High School*

*290 Kress Venture Dr.*

*China Grove, NC 28023*