



Summer Camp 2024

Disney · PIXAR

FINDING NEMO JR.

©Disney/Pixar

DIRECTED BY KEVIN RUSSELL & DIANNA FLOYD

APPLICATION & CONSENT FORM

AGE LIMITATIONS

8YRS-13YRS

CAMP TUITION

\$200.00 PER CAMPER

CAMP WEEK

MONDAY-FRIDAY,
JUNE 10-14, 2024
1:00-6:00 PM

CAMP PERFORMANCE

SATURDAY, JUNE 15, 2024
2:00PM & 4:30PM

Sponsored by



FPL®

CAMP ENROLLMENT/TUITION

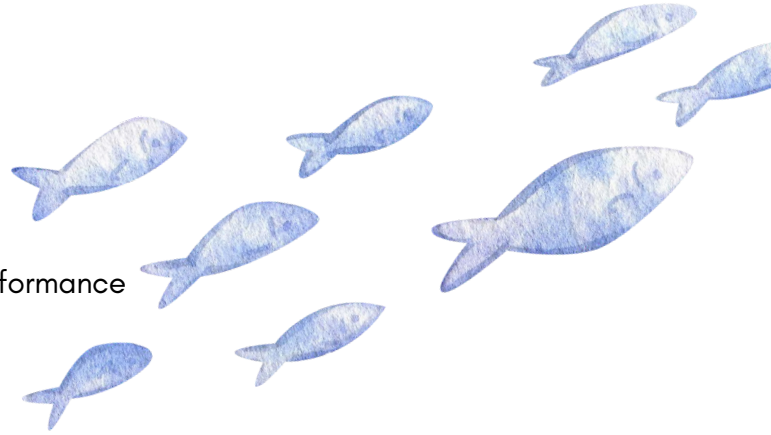
There are 40 camp spots up for grabs, allocated on a first-come, first-served basis. The tuition fee per camper is \$200. Payment of tuition must be made by May 27, 2024. Campers will be considered officially enrolled only upon full payment of tuition.

MAKE CHECK PAYABLE TO:

Spanish Trail Playhouse

TUITION INCLUDES:

- Production Costume(s)
- Acting/Musical Theatre Training
- 2 Complimentary Performance Tickets to each Camp Performance
- Script/Vocal Book
- Performance/dance/vocal coaching
- 1 Lunch (Performance Day)
- Camp T-Shirt



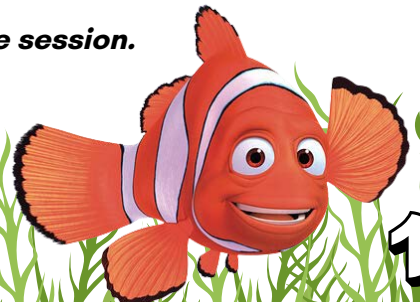
CAMP DESCRIPTION

The Spanish Trail Playhouse Summer Theatre Camp is a one-week program taking place from Monday to Friday during the second full week of June 2024. Throughout the week, participants will engage in a variety of activities centered around acting, pantomime, improvisation, musical theatre dance, singing, and other performance elements. Each day, campers will work on learning and rehearsing a one-hour musical, "Finding Nemo Jr." This musical will be performed twice on June 15th at 2pm & 4:30pm for friends, family, and the community. Campers will be required to memorize lines and songs, take part in movement exercises, and learn choreography. Roles for the performance will be assigned on Monday afternoon of camp week. Additionally, campers will receive vocal coaching and will be expected to sing either solo or as part of a group in the Saturday production. The camp involves a moderate level of physical activity, and participants should be prepared for some exertion. Most importantly, they should anticipate having a tremendous amount of fun!

DAILY CAMP SCHEDULE

- 12:30-12:59 pmCamper Arrival/ Sign In
1:00-3:00 pmSESSION 1: Auditions/Staging/Choreography
3:01-3:21 pmSNACK BREAK
3:22-5:44 pmSESSION 2: Rehearsal/Music/Choreography
5:45-6:00 pmEnd of Day Notes/Announcement/Re;ease

NOTE: Regular water and bathroom breaks will be provided during the session.



SNACK

Campers are required to bring a daily snack in a labeled carrier/lunchbox as there will not be access to refrigeration or microwaves. **All personal items must be clearly marked with the camper's full name.**

It's recommended that campers bring bottled water for hydration throughout the camp activities.

On Saturday, June 15th, before the first performance, campers will be provided with sliced pizza and a drink at no extra cost. They they will not need to bring their lunch unless they prefer not to have pizza.

DAILY ATTENDANCE

Campers must be at camp each day to experience the full experience, but we recognize that unforeseen circumstances may occasionally prevent campers from attending camp. However, if attendance issues start to impact a camper's ability to fulfill their role, roles may be reassigned. Campers who miss choreography or staging sessions will not be included in those specific parts of the end-of-camp production. Additionally, any camper who misses a camp rehearsal without prior notification will not be permitted to participate in the camp performance.

EXTENDED CARE

Parents/Guardians that deliver their camper prior to 12:15pm or retrieve their camper after 6:30 pm will be charged for Early Care/After Care at \$25.00/hour or any part thereof. Payment will be due in cash BEFORE the camper will be allowed to return to camp.



WHAT TO WEAR/BRING:

- Shorts
- T-shirt
- Closed-Toe Shoes/Clean Socks
- Deodorant
- Hair Ties (For Long Hair)
- Bottled Water
- Snack in Labeled Carrier
- A Willingness to Work Hard
- A Good Attitude



WHAT NOT TO BRING/WEAR

- Flip Flops/Crocs/Sandals
- iPod/iPad/Earbuds/Headphones
- Gaming Systems
- Purse/Wallets with Substantial Amounts of Money
- Personal Items of Value
- Loose Jewelry/Necklaces
- Snack Items Requiring Refrigeration or Heating
- Clothing Not Appropriate for Dance/Movement
- Bad Attitudes



Summer Camp 2024

CAMPER APPLICATION



CHILD'S LAST NAME _____ CHILD'S FIRST NAME _____ AGE ____ GENDER(M/F) ____

NAME CHILD RESPONSDS TO (NICKNAME) _____ DATE OF BIRTH __/__/____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

GUARDIAN 1 NAME _____

RELATIONSHIP TO CAMPER _____

GUARDIAN 1 PHONE (CELL) _____

GUARDIAN 1 PHONE (HOME/WORK) _____

GUARDIAN 2 NAME _____

RELATIONSHIP TO CAMPER _____

GUARDIAN 2 PHONE (CELL) _____

GUARDIAN 2 PHONE (HOME/WORK) _____

Are there any physical, mental, or medical conditions, including allergies, that the camp staff should know about regarding the camper?

Yes ___ No ___

If yes, please identify: _____

Camper's Theatre/Music/Dance Experience (if any):

Kindly specify any days/times when the camper will be absent from camp due to vacations, appointments, or other scheduled conflicts:

Note: While we acknowledge family vacations and pre-existing commitments, discounts are not applicable for campers who do not attend all sessions.

Camper T-Shirt Size: Youth Small Adult Small
 Youth Medium Adult Medium
 Youth Large Adult Large



CAMP TUITION: \$200.00 per Camper **DUE BY May 27, 2024**

METHOD OF PAYMENT: Personal Check Cash Credit Card *(Card Payments will have a 4% Service Fee)*

Card Type: VISA DISCOVER MASTERCARD

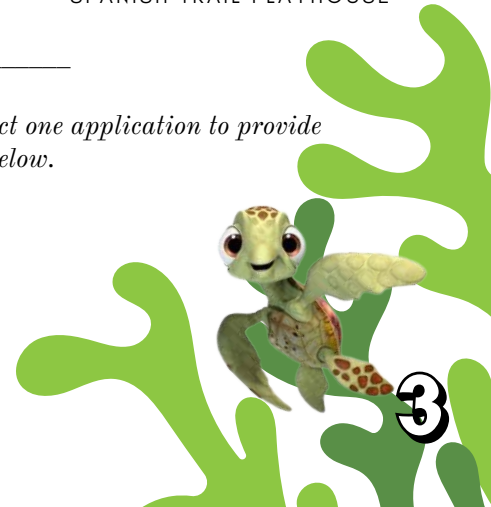
Name (As It Appears on the Card): _____

Card Number #: _____ **Exp:** _____ **CVC:** _____

Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

→ checks payable to
SPANISH TRAIL PLAYHOUSE

Note: If registering more than one child, kindly fill out a separate application for each child. Select one application to provide complete payment information, and list the name(s) of the other child(ren) from your household below.



AGREEMENT

I acknowledge that upon confirmation of payment and application, a spot is reserved for my child(ren) at the 2024 Spanish Trail Playhouse Summer Camp. I understand that if my child does not attend, no refund will be issued, and tuition is non-transferable and non-refundable. By signing below, I release and indemnify Spanish Trail Playhouse, camp instructors, counselors, and volunteers from any and all claims and liabilities arising from participation in instructed classes and stage performances.

Parent/Guardian Signature: _____ Date: _____

**Transportation/Child’s Health/Emergency Information & Authorization Form
SPANISH TRAIL PLAYHOUSE SUMMER THEATRE CAMP 2024**

(To be completed by Guardian of Camper. Please Print Clearly)

Camper’s Last Name: _____ **Camper’s First Name:** _____

The individuals listed below are authorized to collect my child at the end of each camp day.

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

In the event of an emergency and if the guardian cannot be reached, please contact one of the individuals listed below.

The individuals listed below are authorized to collect my child at the end of each camp day.

Name: _____ Relationship to Camper: _____
Phone number: _____

Name: _____ Relationship to Camper: _____
Phone number: _____

Is there any important information or restrictions regarding the camper that the camp staff should know about?

Kindly provide any notable medical conditions or allergies that the camper may have.

Note: *Children who need medications (both prescription and over-the-counter) administered during camp hours must have a fully completed and notarized Authorization for Medication/Treatment form on record. Please ensure that the form is submitted along with this application.*



**AUTHORIZATION FOR EMERGENCY MEDICAL CARE
SPANISH TRAIL PLAYHOUSE SUMMER THEATRE CAMP 2024**

(To be completed by Guardian of Camper. Please Print Clearly)

In the event of an accident or illness necessitating medical attention, I, the undersigned, authorize the SPANISH TRAIL PLAYHOUSE SUMMER CAMP DIRECTORS/STAFF to either call a healthcare provider or transport my child *(please write child's name legibly)*

_____ to the nearest hospital or doctor. I understand that efforts will be made to obtain the services of our preferred healthcare provider if possible. If neither parent/guardian nor the preferred healthcare provider can be reached, the SPANISH TRAIL PLAYHOUSE SUMMER CAMP DIRECTORS/STAFF are permitted to contact another healthcare provider. I acknowledge that this agreement pertains solely to situations deemed true emergencies by the best judgment of the SPANISH TRAIL PLAYHOUSE SUMMER CAMP DIRECTORS/STAFF.

PREFERRED PHYSICIAN INFORMATION

Name of Physician: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

PREFERRED HOSPITAL INFORMATION

Name of Hospital: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

INSURANCE CARRIER

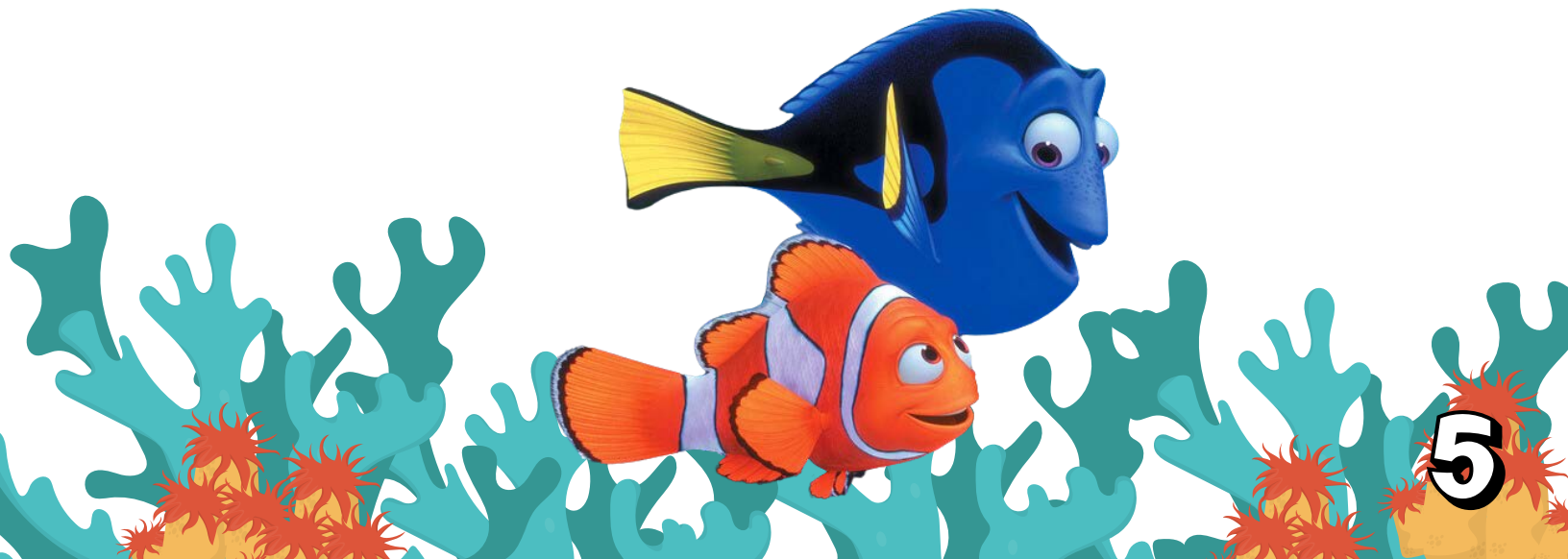
Insurance Provider: _____
Policy #: _____
Group: _____

AUTHORIZATION STATEMENT

I authorize emergency treatment deemed necessary by a physician in the event that I cannot be reached for permission. I agree to be responsible for the cost of such emergency medical care.

Signature of Parent/Guardian

Date



**PARENTAL CONSENT & PHOTO/VIDEO RELEASE
SPANISH TRAIL PLAYHOUSE SUMMER THEATRE CAMP 2024**

(To be completed by Guardian of Camper. Please Print Clearly)

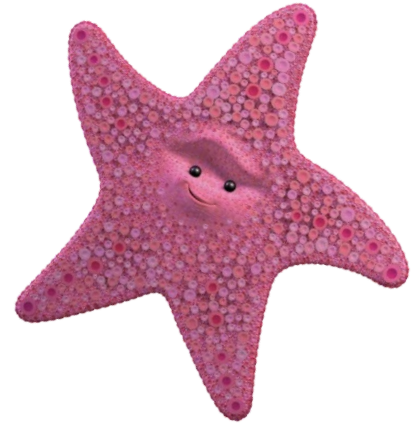
CONSENT FORM

I, (Parent Name) _____, as the undersigned parent or legal guardian of (Child's Name) _____, hereby provide consent for his or her complete participation in the activities of the Spanish Trail Playhouse Summer Theatre Camp. I agree to release, indemnify, protect, defend, and hold harmless the Spanish Trail Playhouse, as well as the Spanish Trail Playhouse Summer Camp Directors, Staff, Counselors, Agents, Administration, Teachers, and Volunteers responsible for supervising my child during Summer Camp Activities. This release covers any claims or liabilities of any kind or nature, including but not limited to personal injury, arising from my child's involvement in camp activities, except in cases of gross negligence or willful misconduct by the Spanish Trail Playhouse Summer Theatre Camp.

Guardian Name (Print)

Date

Guardian Name (Signature)



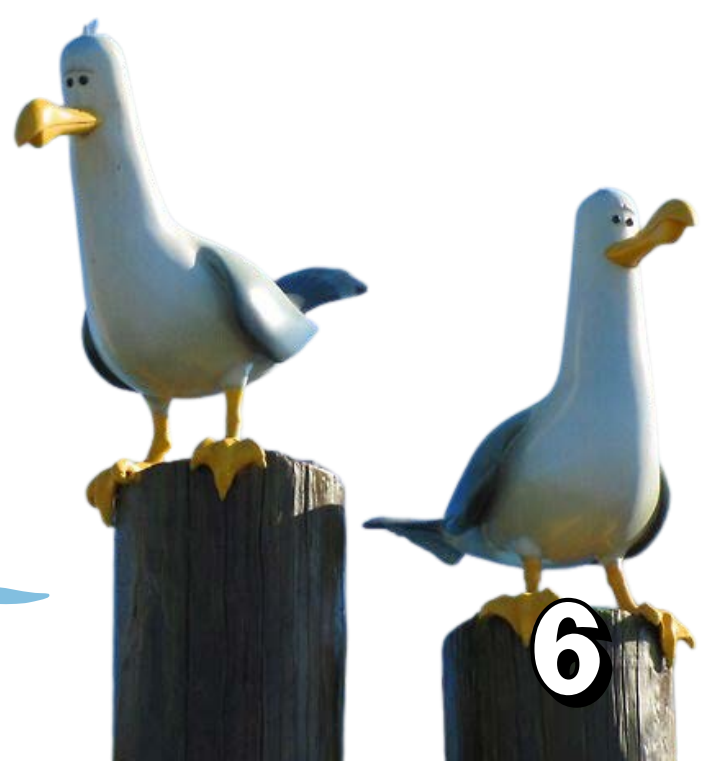
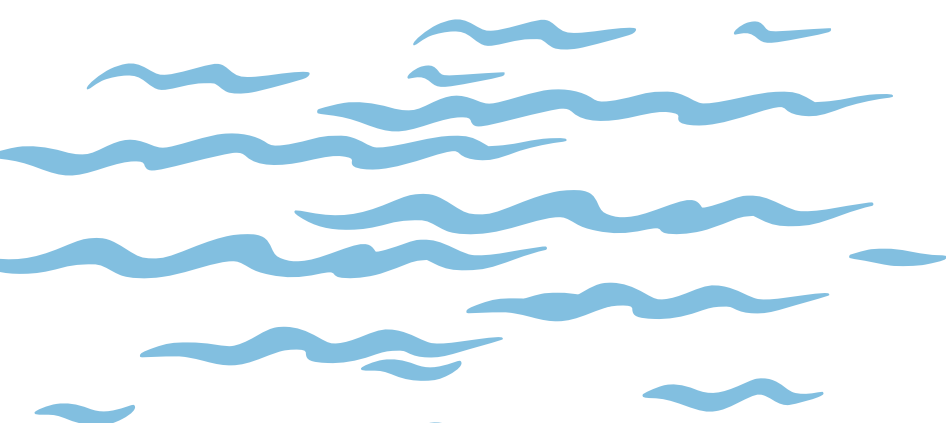
PHOTO/VIDEO RELEASE FORM

I, (Parent Name) _____, as the undersigned parent or legal guardian of (Child's Name) _____, hereby grant consent for any audio recordings, videotapes, and/or photographs of the aforementioned child to be utilized by the Spanish Trail Playhouse in any manner they deem fit, including publication in newspapers, television broadcasts, and on their website. Additionally, I authorize that such photographs, films, and recordings, along with the associated negatives or tapes, become the property of the Spanish Trail Playhouse. They are thereby granted the right to sell, duplicate, reproduce, and utilize these materials in any manner they see fit, without any claims or objections on behalf of the child or myself.

Guardian Name (Print)

Date

Guardian Name (Signature)



SUMMER CAMP BEHAVIOR POLICY & CODE OF CONDUCT

The Spanish Trail Playhouse Summer Theatre Camp aims to cultivate a secure atmosphere for all participants. This environment is fostered through mutual respect and recognizing the importance of taking risks without apprehension of failure. To uphold this environment, we have implemented a code of conduct. Breaches of this code will lead to disciplinary measures, ranging from verbal warnings and parental notification to potential dismissal from camp. Please take a moment to review the following guidelines with your child:

- **Respect for Others:** Camp attendees are expected to honor the rights and emotions of their fellow participants. Any form of fighting, bullying, name-calling, intimidation, discrimination, inappropriate language, or any other type of emotional or physical mistreatment will not be accepted.
- **Collaboration with Camp Staff:** Participants are required to listen to and adhere to the guidance provided by the Camp Counselors & staff. To ensure the safety and welfare of all participants, any disruptive or distracting behavior that disrupts the overall organization of the camp, whether intentional or not, will not be tolerated.
- **Cell Phone Policy:** Participants are prohibited from using cell phones during instructional periods, rehearsals, or performances. Cell phones must be turned off during these times.
- **Self-Harm/Destructive Conduct:** Participants who express or exhibit self-harming or hazardous behavior towards others will be promptly expelled from the camp.
- **Property Damage:** Participants must show respect towards the building, grounds, trees, bushes, flowers, as well as costumes, props, sets, and all other property belonging to the playhouse, including items belonging to other participants. Vandalism, theft, or defacement of any property while on the Spanish Trail Playhouse premises is strictly prohibited.
- **Parent/Guardian Conduct:** Parents and guardians must maintain professionalism with all campers, counselors, and staff. They should promptly notify camp directors of concerns and allow them to address complaints. Parents or guardians should not discuss disciplinary issues with others. Failure to comply may result in the child's removal from camp. Parents and guardians must maintain professionalism with all campers, counselors, and staff. They should promptly notify camp directors of concerns and allow them to address complaints. Parents or guardians should not discuss disciplinary issues with others. Failure to comply may result in the child's removal from camp.
- **Non-Refundable Policy:** Participants removed from the program due to Code of Conduct violations or voluntary withdrawal, with or without notice, are not eligible for refunds.

I have thoroughly discussed the code of conduct outlined above with my child and acknowledge that, as determined by the camp directors, breaches of this code may lead to disciplinary measures, up to and including expulsion from the camp.

Guardian Name (*Print Legibly*)

Guardian Signature

Date

Camper Name (*Print Legibly*)

Camper Signature

Date



PRINT AND COMPLETE ONLY IF CAMPER IS TO TAKE MEDICATION DURING CAMP HOURS.

Spanish Trail Playhouse Summer Theatre Camp 2024

AUTHORIZATION FOR MEDICATION/TREATMENT

Camper Name: _____ Date of Birth: _____

Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Allergies: _____

Reason for Medication: _____

MEDICATION	DOSAGE & ROUTE	FREQUENCY	SPECIFIC TIMES	SPECIAL INSTRUCTIONS/SIDE EFFECTS

I grant the camp director or the designated staff member permission to assist or perform the administration of each medication to my child during camp hours.

Note: Campers requiring medication administration will be assisted by the Camp Directors/Designated Staff Member. Only medications listed on this form will be administered, following guidelines provided by the parent or guardian listed. Please note that there will be no medical professionals on site. Additionally, camp staff or directors will not provide over-the-counter medications, including but not limited to Tylenol, Advil, and Motrin.

Medication should be provided in its original container. If needed, request the pharmacist to split the medication into two fully labeled containers, one for home and one for camp. Only medication authorized by a physician may be administered by the camp director or designated staff member. The parent or guardian listed above is responsible for informing the Camp Directors of any changes in medication or treatment regimen.

Guardian Name (Print Legibly)

Guardian Signature

Date

Notary Name (Print Legibly)

Notary Signature

Date

