



**A Midsummer's Camp 2009
Registration Form**

Camper Information

Participant's Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Age: _____ School: _____

(at start of camp)

Returning student? _____ If yes, from when? _____

T-Shirt Size: Child S M L XL or Adult S M L XL

Parent/Guardian Name: _____ Relationship: _____

Home Phone/Cell: (____) _____ Work Phone: (____) _____

Email: _____

Parent/Guardian Name: _____ Relationship: _____

Home Phone/Cell: (____) _____ Work Phone: (____) _____

Emergency Information

Persons authorized to pick up your child:

Name: _____ Home Phone: (____) _____ Wk Phone: (____) _____

Name: _____ Home Phone: (____) _____ Wk Phone: (____) _____

Doctor's Name: _____ Phone: (____) _____

Hospital: _____ Phone: (____) _____

Dentist's Name: _____ Phone: (____) _____

Special Needs: please list all allergies (foods, plants, textiles, medications, etc.) and any medical conditions that may require attention. Please also list preventative steps and the response for each instance (please use additional sheets if necessary).

Payment Information

Cost: One Week Junior Session \$395 (includes a \$20 non-refundable registration fee)

Two Week Teen Session \$525 (includes a \$20 non-refundable registration fee)

Refund Policy: Full refund is available if LTSF receives **written cancellation** two weeks prior to start of camp. An 80% refund is available if **written cancellation** is received within two weeks prior to start of camp. **No refunds** will be given if notice is received less than two weeks in advance of the start date.

Select One: Session 1 (August 10th-15th) _____ Session 2 (August 17th-22nd) _____ Teen Session (August 10th-22nd) _____

By Check: Please make payable to LTSF and indicate your child's name on the memo line

By Credit Card: Visa Master Card Discover Amex

Name as it appears on card: _____

Card #: _____ Expires: _____

Parent/Guardian Signature

Date



A Midsummer's Camp 2009
Authorization Form

To be completed and signed by parent/guardian.

1. AUTHORIZATION FOR ALL CAMP ACTIVITIES

My child has my permission to participate in all camp activities.

2. WAIVER FOR DISPENSING OF MEDICATION

Student's Name _____

I/we give permission for the above named student to be dispensed medication at camp for which the Authorization to Give Medication at Camp section has been approved. I/we understand that A Midsummer's Camp and The Lake Tahoe Shakespeare Festival (heretofore referred to as LTSF) do not have medical personnel on staff to assist in the administration of medication and that medication will be dispensed by the camp staff. I/we understand that A Midsummer's Camp and LTSF will not and cannot assess the need for, or assume any risks associated with the administration of any medication. I/we understand that the administration of any medication involves a risk of injury, which ranges from minor to catastrophic and that it is impossible to eliminate such risks. Despite this knowledge, I/we release A Midsummer's Camp and LTSF and each of its employees, agents, and representatives from all liabilities, claims and demands for injury or loss that I/we and/or the above student may now or in the future have, resulting from the dispensing and/or administration of medication at camp or any disclosure relating to medication administered.

3. AUTHORIZATION FOR APPLYING SUNSCREEN

If the camp staff recognizes the need to apply sunscreen to my child, I/we authorize them to do so. If there are special instructions for administering sunscreen, please list them below.

4. AUTHORIZATION FOR MEDICAL AND SURGICAL CARE

If my child is injured in an accident or becomes seriously ill, and I or my designee(s) listed below,

Name: _____

Home Phone: (____) _____ Work Phone: (____) _____

Name: _____

Home Phone: (____) _____ Work Phone: (____) _____

cannot be reached, I authorize A Midsummer's Camp Director or LTSF staff to arrange for transportation of my child to a licensed emergency medical care facility to receive prompt treatment. Furthermore, I authorize the medical personnel at the facility to provide such treatment to my child as is indicated by the nature or extent of his or her medical practice. Finally, I accept full financial responsibility for all costs, charges, and fees associated with the transportation of my child and for the treatment provided by the medical care facility to my child and absolutely and unconditionally agree to indemnify and to hold A Midsummer's Camp and LTSF harmless from all such costs, charges, and fees.

5. AUTHORIZATION TO GIVE PRESCRIPTION AND NON-PRESCRIPTION MEDICATION AT CAMP

I/we request that (student's name) _____ receive (name & dosage of medication) _____ to be taken at (time) _____

for (dates) _____. The prescription must be brought to camp in the original container appropriately labeled by the pharmacy or physician, stating the name of the student, the medication and the dosage.

6. AUTHORIZATION TO USE PHOTOS OF YOUR CHILD TAKEN DURING CAMP IN PR/MARKETING ITEMS FOR LTSF

I authorize the use of camp photos of my child: YES _____ NO _____

ENROLLMENT IS INCOMPLETE AND ATTENDANCE NOT ALLOWED UNTIL THE FORM IS COMPLETELY FILLED OUT AND ALL PARENTS AND GUARDIANS HAVE SIGNED BELOW.

YOUR SIGNATURES APPLY TO ALL THE ABOVE WAIVERS.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____



A Midsummer's Camp 2009 Guidelines and Information

DATES & TIMES

Junior Sessions: August 10th-15th or August 17th-22nd

Students 8-13 years of age

Meets daily from 9:00am-3:00pm

Much Ado About Nothing evening ticket provided for Wednesday, August 12th at 7:30pm for the first session or Tuesday, August 18th at 7:30pm for the second session.

Final performance at 10:00am on Saturday, August 15th for the first session or August 22nd for the second session, at The Lake Tahoe School.

Teen Session: August 10th-22nd

Students 14-18 years of age

Meets daily from 9:00am-3:00pm

Much Ado About Nothing evening ticket provided for Tuesday, August 18th at 7:30pm

Final performance at 10:00am on Saturday, August 22nd at The Lake Tahoe School

FACILITIES

A Midsummer's Camp will take place at the D.W. Reynolds Non-Profit Community Center at 948 Incline Way in Incline Village. The final performances will be held at The Lake Tahoe School, 995 Tahoe Blvd., Incline Village.

DROP OFF & PICK UP

Please drop off participants at the D.W. Reynolds Non-Profit Community Center at least 10 minutes before camp begins (8:50am).

Please also pick up participants no later than 15 minutes after sessions are scheduled to end (3:15pm). In the event you cannot pick up your child by the designated time, please leave a message for Joe Atack, the camp director at (775) 240-6148.

ATTENDANCE

Daily attendance is important to the development and rehearsal of the final performance. Remember that your fellow actors depend on your presence and often cannot do their work if you are absent. Excessive absences can result in the change of your casting. If the absence is unavoidable, please leave a message for Joe Atack, the camp director at (775) 240-6148 so that your teachers and scene partners may be notified.

FOOD

Lunch is not provided, so please pack a nutritious lunch and snacks for your child each day, along with plenty of drinking water.

ATTIRE

We recommend wearing comfortable, loose-fitting clothing that does not restrict movement (no tight jeans, short skirts, etc.)

Acting is a physical activity which will require warm-ups, stretching, and work on the floor.

Please do not bring valuables to camp.

MOST IMPORTANTLY

We want you to have a great time, to challenge yourself, and to grow. It is important to follow the directions of your instructors and to treat yourself and your fellow actors with respect, encouragement, friendliness, and support.

CONTACT INFORMATION

Jennie Pitts, Community Outreach Manager

Lake Tahoe Shakespeare Festival

For Sign Ups & General Information

948 Incline Way, Incline Village, NV 89451

(775) 298-0158 Fax: (775) 298-0021

jennie@tahoebard.com

Joe Atack, Camp Director

Nevada Shakespeare Festival

Main Contact During Camp

(775) 240-6148

joeatack@hotmail.com



Lake Tahoe Shakespeare Festival
Model Release Form

I _____ hereby agree, in connection with my appearance in images connected with the Lake Tahoe Shakespeare Festival, to the reproduction and use of such images in future advertising, publicity or marketing efforts of the Lake Tahoe Shakespeare Festival or events at Sand Harbor State Park.

Please indicate which description applies to you:

1) I hereby grant the Lake Tahoe Shakespeare Festival the right to use my images and/or likeness as described above and certify that I am twenty-one years of age or over.

Or

2) I hereby grant the Lake Tahoe Shakespeare Festival the right to use images and/or likenesses of the named individual and certify that I am parent or guardian to this individual.

Model Information

_____ Name

_____ Address

_____ Home Phone/Cell Phone Numbers

_____ Social Security or Driver's License Number

_____ Signature

_____ Parent/Guardian Name

_____ Parent/Guardian Signature (if applicable)

_____ Date