

Stage Right Productions
2018 Musical Theatre Summer Camp



June 15 – 28 - 9:00 am to 3:00 pm
Monday thru Friday
Ages 7 – 14 (space in camp is limited)

PERFORMANCES!

Our camp culminates in a full production of, “Seussical, KIDS!” with four performances (two on each of **June 29 and 30!**)

CAMP DIRECTOR:

Tracy Martin Shearer, Camp Director – Tracy is on the Theatre Arts faculty at American River College, and also teaches voice and acting at Hawkins School of Performing Arts. In addition, she directs and vocal directs productions for both ARC and the Fair Oaks Theatre Festival. Tracy earned a Masters in Theatre from CSUS.

CAMP LOCATION:

4000 San Juan Avenue, Fair Oaks

CAMP TUITION:

\$450.00 for New Campers. \$425.00 for Returning ‘Friends of Stage Right’ (*10% Holiday Discount offered – Until January 1, 2018*). **Space in the camp is limited.**

When Registration form is completed, mail with a \$100.00 deposit to:

**Stage Right Productions
8377 Tampico Court
Fair Oaks, CA 95628**

Make checks payable to, ‘Stage Right Productions’. **Paying online is also an option from our Donations and Online Payments page:**

http://www.stagerightproductions.net/donations_payments.html

To reserve a spot a completed packet and deposit of \$100 must be returned. All deposits are 100% non-refundable after May 1. Stage Right Productions, established in 2009, is a 501c3 Non-Profit Corporation

Stage Right Productions
**2018 Musical Theatre Summer Camp
Registration Form**

To Register Student

1. Complete Registration Form and Emergency Contact page.
2. Mail in completed forms with \$100 deposit. Either make checks payable to: Stage Right Productions OR You can go online to www.stagerightproductions.net and pay with *Visa*, *MasterCard* or *American Express*. (Total cost of camp is \$450 for first time participants and \$425 for returning campers. Balance of tuition is due by June 1, 2018)
3. Please be aware no refunds will be given after the first class on 6/15/18.

Student Name: _____ **Age:** _____

Home Phone #: _____ **Cell Phone #:** _____

Email Address: _____

Home Address: _____

Best way to contact Parents/Guardians: Phone Text Email

Parent Name(s): _____

Other Contact Phone Number: _____

Who Will picking up your child at the end of each class? _____

Phone Number: _____ **Actor T-Shirt Size:** _____

Is there anything we should know about your student?

Each parent will be responsible for providing:

- Base costume for their performer (shoes, pants, solid colored shirts)
- Two dozen home-made or bakery like cookies, or sweets for cast party (date TBD).

Are there any dates your child will not be attending camp?

(Please see camp schedule below)

2018 Summer Musical Camp Schedule

Friday, June 15	9:00 AM – 3:00 PM	Gentle Auditions* (ALL Campers are Cast)
Saturday, June 16	9:00 AM – 3:00 PM	Second Day of Gentle Auditions*
Monday, June 18	9:00 AM – 3:00 PM	
Tuesday, June 19	9:00 AM – 3:00 PM	
Wednesday, June 20	9:00 AM – 3:00 PM	
Thursday, June 21	9:00 AM – 3:00 PM	
Friday, June 22	9:00 AM – 3:00 PM	
Monday, June 25	9:00 AM – 3:00 PM	
Tuesday, June 26	9:00 AM – 3:00 PM	
Wednesday, June 27	9:00 AM – 3:00 PM	
Thursday, June 28	9:00 AM – 3:00 PM	
Friday, June 29	Performance #1	2:00 PM
Friday, June 29	Performance #2	7:00 PM
Saturday, June 30	Performance #3	2:00 PM
Saturday, June 30	Performance #4	7:00 PM

Gentle auditions are part of the camp experience. Campers will be taught a song and dance, read from the script and/or participate in an improv. All campers are cast. For more information about our Musical Theatre Summer Camp (ages 7-14), visit: www.StageRightProductions.net.

**Cast Member Emergency Information
Musical Theatre Summer Camp
June 15 – June 28, 2018**

(Please print neatly)

Cast Member Name _____ Date of Birth _____

Emergency Contact Name(s) _____

Address _____

Home Phone # _____ Cell Phone # _____

Email (please print clearly): _____

Any medical conditions?

Yes **No** *(If Yes, please use back of paper to explain)*

Any food allergies?

Yes **No** *(Please explain on back of this form)*

Any allergic reactions to medications?

Yes **No** *(Please explain on back of this form)*

Cast Member's Height: _____ Cast Member's Weight: _____

To cast member, parent/primary medical insurer

Please carefully read and consider the following:

The undersigned hereby acknowledges that participation in the above named activity might result in physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of Stage Right Productions allowing my child (_____) to participate in the above named activity for which or in connection with which Stage Right Productions has made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release and forever discharge Stage Right Productions, its Board members, and its officers, agents and representatives of any

and all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from participation in or in any way connected with the above named activity.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the participant's immediate care.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to my child, and I hereby fully and forever release and discharge Stage Right Productions, its Board members, and its officers, agents and representatives from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my child's participation in this camp.

I have read the above carefully before signing. Further, I understand that this release and waiver of liability shall be effective for a period of time for the dates listed above.

Medical Insurance Carrier:

Policy/ID #:

Insurer's Signature

Date