

Byron Steele High School Theatre Department



SUMMER DRAMA CAMP 2010

For students entering 6th-9th grades

5 Day Workshop
June 14th -18th from 9:00 AM to 3:00 PM

*Ending with an all day rehearsal and then a Performance
June 18th at 5:00 pm in the black box theatre!!!

Cost: \$100.00 which includes *a free T-shirt*
(Checks payable to Byron Steele Theatre Dept.)

*For More Information Call the Byron Steele Theatre:
210-619-4043 or email gadkison@scuc.txed.net*

Summer Drama Camp 2010 Registration Form

Child Name _____ Age _____ School Attending _____

Address _____ Phone _____

Emergency Contact _____ Relationship _____

Phone Contact during Workshops _____

Persons permitted to pick up child _____

Name of physician _____ Phone _____

Medications/Allergies/Special Needs _____

(Note: The staff at Summer Drama Camp will not be responsible for administering any medications to students.)

Camp Participation Waiver:

I being parent/guardian of the child named herein hereby consent to my child participating in all activities at the Byron Steele Summer Drama Camp. I request and authorize in the event of a medical emergency and in my absence, that my child, be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize said medical personnel to perform any diagnostic and treatment procedures. Waiver: I hereby release Samuel Clemens High School, all staff, and the Schertz-Cibolo-Universal City Independent School District from any liability responsibility for health problems or injuries that occur during this program. I certify that my child is in good health.

Parent/Guardian Signature _____ Date _____

Call to reserve a slot and bring the forms and check or money with you on the first day.