
Summer Camp 2012

SCHEDULE - THEMES:

Session I	1-week Session: June 25 - June 29	Improv Theatre
Session II	1-week Session: July 9 - July 13	Mask-making and Storytelling
Session III	1-week Session: July 16 - July 20	Scenes from Shakespeare
Session IV	2-week Session: July 30 - August 10	Radio Days - Creating an original Radio Show
Session V	1-week Session: August 13 - August 17	Improv Theatre

GENERAL INFORMATION

Summer Camp 2012 PROGRAM includes:

- Acting Skills training**
- Theatre Arts project that will culminate in a live performance**
- Fun and educational field trips**
- Outside activities such as trips to the beach, parks (weather permitting)**
- Games (both inside and outside)**
- and a lot of fun!**

Each session will culminate in a live performance at a community setting: nursing home, children hospital, daycare center, summer camp, etc.

FACILITIES

Harmony Theatre Company and School
6121 Excelsior Blvd. Suite 107, St. Louis Park

TIME

Camp will run from 8 a.m. until 5 p.m., Monday through Friday.
(students can be dropped off between 8-9 a.m. and be picked up between 4-5 p.m.)

MEALS

Snacks will be provided by Harmony twice a day.
Campers bring their own lunch. Refrigerator and microwave will be provided by Harmony.

FEES

If registered by April 30, 2012:
 \$200/ 1-week Session
 \$400/ 2-week Session
For late registration (after May 1):
 \$240/ 1-week Session
 \$480/ 2-week Session

The application fee \$50.00 must accompany the registration form and will be credited towards the camp fee (not refundable).

The total fee should be paid by the first day of each session.

Please make checks payable to *Harmony Theatre Company and School*.

Please mail your application and deposit to: Harmony Theatre Company and School
6121 Excelsior Blvd, Minneapolis, MN 55416

Application and Medical/Photo Release Form

Harmony Theatre's Summer 2012 Camp

Thank you for enrolling your child in Harmony Theatre's Summer Camp program. Please complete this form so that we can meet the needs of participants and have a safe, happy session.

Child's Name _____ Male Female Birthdate _____

Parent/Guardian Name _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone(s) _____

Cell Phone _____ E-mail _____

If parent/guardian cannot be reached in case of emergency, contact:

Name _____ Relationship _____

Home Phone _____ Work Phone(s) _____ Cell Phone _____

Check session(s) you would like your child to attend:

Session I (June 25-29) Session II (July 9-13) Session III (July 16-20) Session IV (July 30-Aug10)) Session V (Aug13-17)

Health Questionnaire

Is this child currently taking any medications that we should be aware of? No Yes
If yes, please specify

Does this child have any allergies to foods, insects, plants, medications? No Yes
If yes, please specify what child is allergic to

Does this child have any history of asthma? No Yes
If yes, does this child use an inhaler? No Yes
If yes, does the child carry and use it independently?

Has this child had any recent injuries or illnesses we should be aware of? No Yes
If yes, please specify

Does this child have any restrictions on activities? No Yes
If yes, please specify

Does this child have any other medical/physical conditions that we should know about?
No Yes If yes, please specify

Insurance company _____

Policy #: _____

Child's doctor: _____ Phone: _____

Child's dentist: _____ Phone: _____

Medical Release / Photograph Release

I, as parent/guardian, give permission for this child to participate in Harmony Summer 2008 Camp program. I give permission for the staff of Harmony to seek and/or administer emergency care for this child if the parent or guardian cannot respond in the event of an emergency.

Signed (parent/guardian) _____ Date _____

I hereby give permission to Harmony Theatre to use photographs, slides, or videos of my child for publicity purposes, public relations, and/or newsletters.

Signed (parent/guardian) _____ Date _____

