

# improv camp?!!\$#@!

An active and fun middle school camp filled with improvisational comedy. Camp will run from 11:30 to 3:30 on Monday, Dec. 19th. Campers will learn the art of improvisation from a master, our own Mr. Trace Crawford. Campers will then return that evening for an improv competition at 7 p.m. A snack and drink will be provided mid-camp for our improv students. THIS IS THE CAMP'S SIXTH YEAR.

Register early to save your spot!

## JUST FOR GRADES 6-7-8

**IMPROV CAMP Registration** Improv Camp will be on Monday, December 19<sup>th</sup> Hilliard Davidson High School - Performing Arts Center. Improv Camp is a theatre skills camp which will be hosted by the Davidson Theatre staff and students.

### NECESSARY INFORMATION:

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade Level (circle) 6 7 8

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

- In case of emergency, where can we reach you and how?  
\_\_\_\_\_
- If we cannot reach you, who can we reach and how?  
\_\_\_\_\_
- Since we will be feeding our campers a snack, does your child have any food allergies to which we should be alerted?  
\_\_\_\_\_
- Does your child suffer from anything that would preclude his/her participation in certain activities? If so, what is that "anything" and what activities should be avoided/  
\_\_\_\_\_

**Emergency Medical Authorization:** In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent (1) for the administration of any treatment deemed necessary by our preferred physician or dentist, or in the event that the designate preferred practitioner is not available, by another licensed physicians or dentist, and (2) for the transfer of the child to our preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained before surgery is performed.

Preferred Doctor \_\_\_\_\_ ph. \_\_\_\_\_

Preferred Dentist \_\_\_\_\_ ph. \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

-OR-

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish the school authorities to take no action, or to:

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### IMAGE RELEASE

I DO NOT give Hilliard Davidson High School the right and permission to copyright, publish, exhibit, distribute all or any portions of images of my child in connection with 2010 Improv Camp.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**You will be mailed a confirmation postcard/receipt once we receive and process your registration form.** Please note: Hilliard Davidson faculty reserve the right to send a camper home without a refund for inappropriate behavior.

**COST: \$20.00 per student.** Please make checks payable to "Hilliard Davidson HS."

**MAIL REGISTRATION AND CHECK TO ATTN: D.VANCE, HILLIARD DAVIDSON H.S., 5100 DAVIDSON ROAD, HILLIARD, OH 43026**