



# 2011 DRAMA CAMP

Drama Camp will be on Mon., Dec. 19 and Tues., Dec. 20 at Hilliard Davidson High School – Performing Arts Center. Families may register their child(ren) for one day of Drama Camp. Camp sessions will include mask making, clowning, storytelling, technical theatre, movement, theatre games, puppetry, and arts & crafts. Campers will be divided into groups of about 20 according to grade level. Lunch will be provided, unless a child has exceptional dietary needs.  
FOR GRADES K-5

EACH FAMILY MUST COMPLETE A SEPARATE REGISTRATION FORM.

If you would like your child to attend on the same day as another child, please write the name of the other child(ren) in this box.→

REGISTRATION: **Please make sure to indicate the sandwich, each child would prefer for lunch with their lunch. Please register me/us for [ ] Mon., Dec. 19 OR [ ] Tues., Dec. 20**

1<sup>st</sup> Child's name \_\_\_\_\_ Grade Level \_\_\_\_\_ Age \_\_\_\_\_  
School attending \_\_\_\_\_ Lunch choice: [ ] peanut butter [ ] turkey [ ] ham

2<sup>nd</sup> Child's name \_\_\_\_\_ Grade Level \_\_\_\_\_ Age \_\_\_\_\_  
School attending \_\_\_\_\_ Lunch choice: [ ] peanut butter [ ] turkey [ ] ham

3<sup>rd</sup> Child's name \_\_\_\_\_ Grade Level \_\_\_\_\_ Age \_\_\_\_\_  
School attending \_\_\_\_\_ Lunch choice: [ ] peanut butter [ ] turkey [ ] ham

Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_, OH Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Email \_\_\_\_\_

- In case of an emergency, where can we reach you and how? \_\_\_\_\_
- Since we will be feeding our campers lunch, 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? \_\_\_\_\_
- If we cannot reach you in case of emergency, who should be contacted and how can we reach him/her? \_\_\_\_\_

➤ **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 designated preferred medical personnel is not available, by another licensed physician 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 \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred dentist \_\_\_\_\_ Phone \_\_\_\_\_  
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 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 the 2010 Drama Camp.  
Parent/Guardian Signautre \_\_\_\_\_ 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.

MAIL REGISTRATIONS TO: Attn: D. Vance, Hilliard Davidson HS, 5100 Davidson Rd., Hilliard, OH 43026  
**REGISTRATION DEADLINE – Postmarked by Dec. 10<sup>th</sup>; Payment must accompany registration. Please make checks payable to "Hilliard Davidson High School – Drama."**