



# BRUCE COUNTY PLAYHOUSE

# SUMMER DRAMA CAMP

Join Professional Actor/Stratford Theatre Camp Instructor Eli Ham and recent Theatre Graduate Gracienne Swarbrick as they lead a week long adventure into the theatre arts. Campers will enjoy learning the "How Tos" of putting on a show. Ending in a Friday performance for friends and family and a pizza lunch!

<b>August 11-15</b> 9AM to 4PM For ages 8-13	Early Bird	
	<b>\$285</b>	<b>\$325</b>
	before May 1	after May 1
<small>Pizza lunch included.</small>		

## Participant Information

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

List any previous theatrical experience: \_\_\_\_\_  
 \_\_\_\_\_

## Emergency Information

Alternate Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone/Cell: \_\_\_\_\_  
 Known allergies or other pertinent medical information: \_\_\_\_\_  
 \_\_\_\_\_

## Payment

You have the option to send payment (\$285 OR \$325) by e-transfer separately to hold your place to the following: **etransferbrucecountyplayhouse@gmail.com**. (Include your name and "BCP camp registration" in the note section of the e-transfer before sending) and then email your completed registration form to: **brucecountyplayhouse@gmail.com** or mail your registration form to: **Summer Drama Camp, Bruce County Playhouse, 48 Victoria St. N. Southampton, ON N0H2L0**. Make cheques payable to Bruce County Playhouse.

## Questions?

Please direct any questions to **brucecountyplayhouse@gmail.com**





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## Media Release

Do you give permission to Bruce County Playhouse for the following:

Public News Media Photos, Film and Interviews:  Yes  No

Publicity Photos to be used by future BCP Publications:  Yes  No

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please attach an additional sheet for each child.

## Medical Consent & Release Liability Agreement

I hereby give permission for \_\_\_\_\_ to participate in the Bruce County Playhouse Summer Performing Arts Camp. I declare that I am the parent or legal guardian of the above named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact me or our emergency contact. In the event that we cannot be reached, I hereby authorize the Bruce County Playhouse to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. I understand that as a participant, my child may be climbing on and off of stage and set pieces. I further understand that my child may be running, jumping, dancing and varied other movements on stage. I understand that my child may be running, jumping, dancing near moveable set pieces. I assume all risks and hazards to such participation including transportation to and from rehearsals and performances and hereby waive, release, absolve and indemnify and agree to hold harmless, Bruce County Playhouse, its organizers, sponsors, supervisors, and participants for any claim arising out of accidental injury to my child. My signature indicates that I have read, understand, and agree to the terms of the above release from liability.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Refunds/Cancellation

In the event of a cancellation due to illness you will be reimbursed your payment (minus a \$20 Administration fee).