



WHAT HAPPENS AT DRAMA CAMP?

Harrison student Drama Camp Counselors lead participants through various theatre related activities under the guidance and supervision of the theatre program director. Campers will have fun participating in creative theatre activities and summertime games. As a grand finale to the exciting week, campers will utilize all they have learned and perform in shows for family and friends on the last day of camp. Our hope is that our new Performing Arts Center will be ready for Drama Camp this year – we will keep you updated via the Remind System.

WHO CAN COME TO DRAMA CAMP?

Students who will be entering grades K-8 during 2019-20

WHEN IS DRAMA CAMP? MON., JULY 15TH THROUGH FRI., JULY 19TH, 9:00A.M.—4:00P.M.

WHERE IS CAMP HELD & WHAT DO I BRING TO CAMP?

Harrison High School, 4500 Due West Road, Kennesaw, Georgia

STUDENTS MUST BRING A SACK LUNCH!

HOW MUCH DOES IT COST? \$175.00 per student. This includes all materials, daily refreshments, awards, and a souvenir Drama Camp T-shirt. *Unfortunately, there is no discount for siblings since drama camp is our primary fundraiser for the school year.* **Drama Camp fees are NON-REFUNDABLE.**

HOW DO I SIGN-UP? Please fill out the registration form attached and mail it with a check made payable to **Harrison High Theatre Guild** by **May 25th, 2019** to:

DRAMA CAMP APPLICATION, c/o Marie Bruner, Harrison High School
4500 Due West Road, Kennesaw, GA 30152

QUESTIONS? Contact our director at marie.bruner@cobbk12.org or call 678-717-7046

For your child's safety, we ask that each parent either come into the performance space to pick up your child(ren) promptly at 4:00PM Monday through Friday or display the pick-up pass prominently in your car's windshield.

IF your child is riding home with someone other than their parent, please send a note in with your child with the name and telephone number of the person picking him/her up.

Families are invited and encouraged to attend our Drama Camp shows on Friday, July 19th, in the new Performing Arts Center (PAC) to watch the campers perform and demonstrate what they have learned during camp. If there is an alternate performing location, parents will be contacted via Remind.

There will also be a Food Drive for **canned soup** with a competition between age groups as Harrison Theatre is a significant player in the Hoya Pride Food Drive each August.

It is REQUIRED that all parents join our Remind Group by texting @dramacmp19 to 81010; this is our PRIMARY source of communicating before & during camp

Fill out the form on back in its ENTIRETY! We MUST have ALL information requested on this form before your child may participate!

Did a Harrison student recommend Drama Camp to you? If so, who? _____

DRAMA CAMP 2019 APPLICATION: Please Fill in ALL Blanks! If this form is not completed your child cannot participate! Please fill out a separate form for EACH child! Please PRINT CLEARLY.

Legal Name: _____ Preferred Name: _____

Age: _____ (as of 7/1/19) Grade (*Rising: SY19-20): K 1 2 3 4 5 6 7 8 **Circle ONE**

T-Shirt Size: Child's Small Child's Med Child's Large Adult S Adult M Adult L **Circle ONE**

Address: _____

City: _____ State: _____ Zip Code: _____

Parent(s) Name(s):

Cell Number #1: _____ Cell Number #2: _____

Email: _____

***Drama Camp fees are NON-REFUNDABLE &
Harrison High School does not carry insurance on camp participants.***

Your child MUST have insurance to participate! NO EXCEPTIONS!

Name of Insurance Company: _____

Name of Insured: _____ Policy Number: _____

Primary Physician: _____ Telephone #: _____

Does your child have any medical needs or food allergies that we should be aware of? _____

If so, please elaborate. _____

I hereby state that my child is physically fit and has my permission to participate in all camp activities. I also grant permission to have my child treated by a physician if necessary. I further state that I shall not hold Cobb County Public Schools, Harrison High School, nor any of its directors or students responsible or liable for any injuries incurred during this camp. I understand that each parent or guardian is responsible for any medical bills incurred as a result of my child's participation in drama camp activities at Harrison High School.

Parent Signature: _____ Date: _____

Persons to call in case of emergency or in case parents cannot be reached (VERY IMPORTANT):

1. Name: _____

Relationship to camper: _____ Telephone #: _____

2. Name: _____

Relationship to camper: _____ Telephone #: _____