

**SOUTH PLANTATION HIGH SCHOOL FOTT**

**PALADIN PLAYHOUSE SUMMER THEATRE CAMP 2019  
APPLICATION AND CONSENT FORMS**

**MONDAY THROUGH THURSDAY  
JUNE 17 – JULY 25  
9AM – 4PM**

**AUDITIONS: WEDNESDAY, JUNE 12**  
*LUNCH WILL BE PROVIDED (PIZZA AND A DRINK)*  
**9AM – 4PM**

AUDITIONS ARE FOR PARTS ONLY. ALL CAMPERS WHO AUDITION WILL BE ACCEPTED INTO THE PROGRAM AND PERFORM IN THE MAINSTAGE PRODUCTION. CAMPERS DO NOT NEED TO PREPARE FOR AUDITIONS. PARTS WILL BE ANNOUNCED ON THE FIRST DAY OF CAMP. PARTS ARE DETERMINED BY CAMP DIRECTOR AND INSTRUCTORS.

**MAINSTAGE PRODUCTION: THURSDAY, JULY 25 7PM**  
EACH CAMPER'S FAMILY WILL RECEIVE 2 COMPLIMENTARY TICKETS FOR THIS SHOW.  
ADDITIONAL TICKETS WILL BE SOLD FOR \$15. KIDS UNDER 5 GET IN FREE.

THERE WILL BE AN ALL DAY REHEARSAL (9AM – END OF SHOW) IN ORDER TO PREPARE FOR THE SHOWCASE. DINNER WILL BE PROVIDED FOR ALL CAMPERS AT NO ADDITIONAL COST.

**COMPLETE APPLICATION AND CONSENT FORMS, PRINT AND SIGN, AND THEN SEND WITH PAYMENT TO:**

**SPHS FRIENDS OF THE THEATRE  
C/O JASON ZEMBUCH – CAMP DIRECTOR  
SOUTH PLANTATION HIGH SCHOOL  
1300 SW 54 AVENUE  
PLANTATION FL, 33317**

**\* EMAIL NOTIFICATION WILL BE SENT WHEN APPLICATION IS RECEIVED, \***

**PLEASE MAKE CHECKS PAYABLE TO SOUTH PLANTATION HIGH SCHOOL FOTT**

**IF PAYMENT IS MADE ONLINE (WWW.FOTT.ORG), APPLICATIONS MAY BE FAXED, OR SCANNED AND EMAILED, TO:**

**JASON ZEMBUCH YOUNG – CAMP DIRECTOR  
SOUTH PLANTATION HIGH SCHOOL  
FAX (754) 323-2080**

**[jason.zembuch@browardschools.com](mailto:jason.zembuch@browardschools.com)**

**Camp Participation Agreement Form**  
**SPHS FOTT PALADIN PLAYHOUSE SUMMER THEATRE CAMP 2019**  
**Monday – Thursday                      June 17 – July 25<sup>th</sup>**

**CAMP DESCRIPTION**

The Paladin Playhouse Summer Theatre Camp is a 6 week camp which meets Monday through Thursday. Throughout the course of the 6 week session, campers will participate in classes focusing on acting, pantomime, improvisation, musical theatre dance, musical theatre singing, and a lot more! In addition to classes, campers will both rehearse and perform in a main-stage musical selection open to their friends, family, and the community at large. Campers will be expected to memorize lines and songs, participate in movement exercises and learn choreography. In addition, they will receive vocal coaching and be expected to sing in the main-stage production. This camp will have a moderate degree of physical activity and campers should expect to get a bit of a work-out. Most importantly..... they need to be prepared to have A LOT of fun!

**AUDITIONS (Wednesday, June 12 9am – 4pm)**

Auditions for The Paladin Playhouse Summer Theatre Camp will be held to determine parts for the main-stage musical selection. Campers do not need to prepare for auditions. Casting will be based solely on the Camp Director's discretion. All who audition will be cast and have the opportunity to perform. Students more interested in technical theatre that would prefer to work "behind the scenes" will have an opportunity to do so upon request. Campers will be provided with Camp Lunch Option forms for parents interested in purchasing lunch for their child for the duration of the camp.

**MAINSTAGE PRODUCTION (Thursday, July 25<sup>th</sup> 7pm)**

In addition to taking classes in the morning, campers will be working toward bringing a fully produced (staged, choreographed, costumed, scenically designed) musical to realization on the stage. In order to prepare for the show, campers will report for rehearsal at 9am on that day and will stay until after the show. Dinner will be provided on this day at no additional cost.

**DAILY SCHEDULE**

9am – 12pm Classes  
12pm – 1pm Lunch \*  
1pm – 4pm Production Work (Rehearsal for Mainstage) \*\*

\* Campers are to bring their own lunch. There will not be refrigeration available for lunches. "Brown Bag" is suggested. Lunch plans will be available for purchase and details will be provided on the day of auditions.

\*\* While it is understandable that circumstances arise which will prevent a camper from attending camp, when attendance for rehearsals begin to affect a camper's ability to maintain his or her role, parts may be reassigned. Campers who miss choreography or staging during a rehearsal may not be included in that particular number during the Mainstage Production.

**Parents that drop their children off before 8:45am or pick their children up after 4:15pm will be charged for Early Care/After Care at \$50/hour or any part thereof. Payment will be due in cash BEFORE the camper will be allowed to return to camp.**

**WHAT TO BRING/WEAR**

- Movement Appropriate Clothing (Not Baggy)
  - Shorts
  - T-Shirts
  - Closed Toe Shoes and Clean Socks
- Deodorant
- Hair Ties (For Long Hair)
- Bottled Water
- Lock For Locker (Available For Sign Out)
- Brown Bag Lunch
- A GREAT ATTITUDE!

**WHAT NOT TO BRING**

- Flip Flops
- Ipods (or other mp3 players)
- Game Systems
- Purses or Wallets w/ Substantial Amounts of Money
- Personal Items of Value
- BAD ATTITUDES!

SOUTH PLANTATION HIGH SCHOOL FOTT  
**PALADIN PLAYHOUSE SUMMER THEATRE CAMP 2019**  
CAMPER APPLICATION - PLEASE PRINT CLEARLY

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Other Name Child Responds to (nickname): \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Parent #1 Name \_\_\_\_\_ Parent #2 Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Parent #1 Cell \_\_\_\_\_ Parent #2 Cell \_\_\_\_\_

Parent #1 Email \_\_\_\_\_ Parent #2 Email \_\_\_\_\_

Does your child have any physical, mental, or medical (including allergies) conditions of which we should be aware? \_\_\_ Yes \_\_\_ No

If yes, please identify: \_\_\_\_\_

Child's Theatre/Music/Dance Experience: \_\_\_\_\_

\_\_\_\_\_

Please list any dates/times that your camper will not be attending camp due to vacations or any other schedule conflict:

\_\_\_\_\_

**Although we understand family vacations and other prior commitments, discounts are not available for campers not attending all sessions.**

T-Shirt Size: \_\_\_ Youth Small \_\_\_ Youth Medium \_\_\_ Adult Small \_\_\_ Adult Medium \_\_\_ Adult Large

Tuition: **\$800 by May 1<sup>st</sup>**  
**\$850 by June 1<sup>st</sup>**

Deduct \$50 per each additional child from the same household (2 children from the same household registered before May 1st would be a total of \$1550.00)

\$ \_\_\_\_\_ Tuition

\$ \_\_\_\_\_ Total Due

Method of Payment: Check Enclosed \_\_\_ Online \_\_\_ Date \_\_\_\_\_

*If registering more than one child, please complete a separate application for each child. Choose one application on which you complete payment information and list the name(s) of the other child(ren) from your household here:*

**Payments made by check should be addressed to South Plantation High School FOTT. Payments can also be made with a credit card online through the Friends of The Theatre (the parent booster club for SPHS Drama) by visiting their website at [www.fott.org](http://www.fott.org)**

Agreement: 1) I understand that, upon confirmation of payment and application, a place is being held for my child(ren) in camp. Therefore, should he or she not attend, there will be no refund. 2) Tuition is non-transferable/non-refundable. 3) The undersigned hereby saves and holds harmless South Plantation High School FOTT's Paladin Playhouse Summer Theatre Camp and it's instructors, counselors, and volunteers jointly, severally, or personally and each and every one of them from any act or acts and any and all claims and liabilities arising from participation in instructed classes and class performances inclusive of staged public performances.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

\_\_\_ Returning Camper \_\_\_ Email Advertisement \_\_\_ Playbill Advertisement at SPHS  
\_\_\_ Flyer Card Sent Home (Please Tell Us Which School) \_\_\_\_\_  
\_\_\_ Word of Mouth (Please Tell Us Who) \_\_\_\_\_  
\_\_\_ Other: \_\_\_\_\_

**Transportation/Child's Health/Emergency Information and Authorization Form  
SPHS FOTT PALADIN PLAYHOUSE SUMMER THEATRE CAMP 2019**

**(To be completed by the parent or guardian – Please Print Clearly)  
Health/Emergency Information**

CHILD'S LAST NAME : \_\_\_\_\_ FIRST: \_\_\_\_\_

**Transportation Information**

\_\_\_\_\_ My child will be walking to and from camp and I give him/her permission to sign themselves out at the end of the day.

\_\_\_\_\_ My child will be dropped off and picked up by one or more of the following people:

**Authorized Pick-up People: (Including Parents)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**Health/Emergency Information**

**In case of emergency and if the parent(s)/guardian(s) cannot be reached, please contact one of the following persons:**

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are your child's activities restricted in any way? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain:

Please list any significant medical conditions or allergies your child has as well as any medication(s) taken:

Other important information about your child:

**\*\* Children who require any medications (both prescription and over the counter) to be given during camp hours must have a completed/notarized Authorization For Medication/Treatment form on file. Please submit with application.**

**Authorization for Emergency Medical Care** In case of accident or illness requiring medical attention, the undersigned authorize the SPHS FOTT PALADIN PLAYHOUSE SUMMER THEATRE CAMP to call a health care provider or to take my child \_\_\_\_\_ (child's name) to the nearest hospital or doctor, and it is understood that if possible, their services will be obtained. If neither parents nor preferred health care provider can be contacted, the SPHS FOTT PALADIN PLAYHOUSE SUMMER THEATRE CAMP is authorized to contact another health care provider. It is also understood that this agreement covers only those situations, which in the best judgment of the SPHS FOTT PALADIN PLAYHOUSE SUMMER THEATRE CAMP are true emergencies.

**PREFERRED PHYSICIAN INFORMATION**

**PREFERRED HOSPITAL INFORMATION**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group: \_\_\_\_\_

I authorize emergency treatment deemed necessary by a physician in the event that I cannot be reached for permission. I agree to be responsible for the cost of such emergency medical care.

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

## Parental Consent/Photo Release/Behavior Policy Notification Form

I, (parent name) \_\_\_\_\_, the undersigned parent or legal guardian of (child's name) \_\_\_\_\_ hereby consent to his or her full participation in the activities of the South Plantation High School FOTT Paladin Playhouse Summer Theatre Camp. I agree to release, indemnify, protect, defend and hold harmless the SPHS FOTT Paladin Playhouse Summer Theatre Camp, it's teachers, volunteers, counselors, agents, administrators, and staff members to supervise my Child while participating in the Summer Camp activities, from any claim or liability of whatsoever kind or nature, including but not limited to personal injury, as the result of my child's participation in the camp activities, absent of gross negligence or willful misconduct of the SPHS FOTT Paladin Playhouse Summer Theatre Camp.

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

I, (parent name) \_\_\_\_\_, the undersigned parent/guardian of (child's name) \_\_\_\_\_ hereby consent that any audio recordings, videotapes and/or photographs of above named child may be used by the South Plantation High School FOTT Paladin Playhouse Summer Theatre Camp in whatever way they desire, including newspaper, television and website; furthermore, I hereby consent that such photographs, films and recordings, and the negatives or tapes from which they are made shall be the property of that organization, and it shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, tapes, negatives and/or recordings as it may desire free and clear of any claims on the part of that child whatsoever on my part.

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

Paladin Playhouse Summer Theatre Camp strives to create a safe environment for all involved. We establish this environment through mutual respect for each other and placing value on the need to be able to take risks without fear of failure. In order to help create this environment, we have established a code of conduct. Violations of the code of conduct may result in disciplinary actions ranging from verbal warnings and parental notification to dismissal from camp. Please review the following with your child:

- **Respect of Others:** Camp participants will respect the rights and feelings of the other participants. Fighting, bullying, name calling, intimidation, bigotry of any kind, inappropriate language or any other form of emotional or physical abuse will not be tolerated.
- **Cooperation with Counselors:** Participants are expected to pay attention to and follow the instructions of the Camp Counselors. For the safety and well being of other participants, disruptive and distracting behavior that affects the general order of the camp, whether intentional or not, will not be tolerated.
- **Cell Phone Use:** Participants will not use cell phones during instructional periods, rehearsals, or performances. Cell phones must remain off during these periods.
- **Self-Destructive Behavior/Dangerous Behavior:** Participants who verbalize or demonstrate self-destructive or dangerous behavior to others will be immediately dismissed from the camp.
- **Destruction of Property:** Participants will respect the building, grounds, trees, bushes, flowers and other planted or natural foliage, costumes, props, sets, and all other playhouse property including the property of other participants. Vandalism, stealing, defacing of any property while on Paladin Playhouse grounds is prohibited.
- **Dismissal:** Drugs, alcohol, tobacco and weapons will not be tolerated.
- **Parental Conduct:** Parents are to conduct themselves in a professional manner towards all campers, counselors, and artistic staff. They are also expected to notify the camp director of any situation which they feel needs to be addressed and allow the camp director to take necessary action to remedy any complaint. At no time should a parent address another camper or another parent about a disciplinary issue. Parents who fail to conduct themselves professionally will be asked to remove their child from the camp.
- **No Refund Policy:** There is NO REFUND for a participant who is removed from the program for violating the Code of Conduct. The NO REFUND policy also applies to participants who withdraw voluntarily with or without notice.

*I have reviewed the above code of conduct with my child and understand that, at the discretion of the camp director, violations of the code of conduct may result in disciplinary action, including dismissal from camp.*

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Camper Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Please read with camper and have them type their name as signature.**

SPHS FOTT PALADIN PLAYHOUSE SUMMER THEATRE CAMP 2019  
 AUTHORIZATION FOR MEDICATION/TREATMENT

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Allergies:  
 \_\_\_\_\_  
 \_\_\_\_\_

Reasons for Medication:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MEDICATION	DOSAGE & ROUTE	FREQUENCY	SPECIFIC TIMES	SPECIAL INSTRUCTIONS/SIDE EFFECTS

**Campers who need assistance with the administration of their medication will receive assistance from the Camp Director. However, ONLY medications listed on this form will be administered and ONLY per guidelines provided by the parent.**

**There will not be a medical professional on site.**

I grant the Camp Director the permission to assist or perform the administration of each medication to my child during camp hours.

NOTE:

- **Medications must be supplied in the original container.** Ask the pharmacist to divide the medication into two completely labeled containers, providing one for home and one for camp.
- Only medications authorized by a physician may be administered by the Camp Director.
- It is your responsibility to notify the Camp Director when there is a change in medication or treatment regimen.

\_\_\_\_\_  
 Parent/Guardian Name (Printed)

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Home Phone Number

\_\_\_\_\_  
 Work Phone Number

\_\_\_\_\_  
 Cell Phone Number

_____ Notary Name (Print)	_____ Notary Signature
_____ Date	