

SHAKESPEARE ON THE SOUND SUMMER CAMPS 2017

MACBETH JR. (ages 9-14)

This camp is ideal for the budding actor in your family. After creating a supportive and nurturing ensemble through ensemble building activities and theater games, the campers will explore and rehearse a 45 minute version of *MACBETH*. This version of *MACBETH* will be adapted from the script used in our mainstage production. Campers will learn acting techniques for creating character, the difference between monologue and soliloquy, and general stagecraft. This camp promotes artistic self-expression, collaboration, literacy, self-confidence, and self-reliance. ***MACBETH Jr.*** will be performed on our mainstage on Tuesday, June 27 at 5:00 pm at Pinkney Park in Rowayton.

Hamlet, Jr. June 20-27	June 20-24 June 25 June 26 June 27	10am-4pm Day Off 4pm-7pm 2pm-6pm	All sessions meet at The Studio for Performing Arts **New Canaan	\$650/child
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THE GROUNDINGS (ages 6 - 8)

Through theater games, ensemble building activities, movement, and storytelling, campers will explore the play *MACBETH*. At week's end the campers will perform a 20-minute version of *MACBETH* that uses only Shakespeare's text to an invited audience of friends, family, and grandparents.

The Groundlings	June 26 – 30	9:00am – 12:00pm OR 1:00pm – 4:00pm	Both sessions meet at The Studio for Performing Arts **New Canaan	\$325/child
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If you're interested in camps, email Claire Kelly, claire@shakespeareonthesound.org , or call our office at 203-299-1300

Shakespeare on the Sound Summer Camp Application 2017

Please indicate which camp you would like your child to participate in:

ALL CAMPS MEET AT: THE STUDIO FOR PERFORMING ARTS

_____ Macbeth Jr., June 20-27, Ages 9-14 (\$650/child)

*Please note that times vary:

June 20-24—10:00am-4:00pm

June 25—Day off

June 26—4:00-7:00pm

June 27—2:00-6:00pm (meet at Pinkney Park in Rowayton)

**Macbeth Jr. will be performed on Tuesday, June 27th at 5pm in Pinkney Park in Rowayton

_____ The Groundlings, June 26 – June 30, Ages 7-9 (\$325/child)

*Please circle the session you are registering for:

Session I—9:00am-12:00pm

Session II—1:00pm-4:00pm

TOTAL AMOUNT DUE: _____

Child's first and last name _____ D.O.B. _____

Parent's first and last name

Home Address

_____ City/State/Zip _____

Phone _____ (H) _____ (Cell)

Email _____

Grade Child completed by Summer 2016 _____

Child's past theater experience if any

Tell us a little bit about your child/personality

I give Shakespeare on the Sound permission to use my child's photo in any promotional material: **yes/no**

Emergency contacts

Physician Name _____ Phone _____

Dentist Name _____ Phone _____

Please list two friends/neighbors/relatives we may contact in an emergency if we are unable to reach you:

1. Name _____ Phone _____

2. Name _____ Phone _____

Checks should be made payable to Shakespeare on the Sound

Mail all documents to P.O. Box 15, Norwalk, CT 06853.

Card Type: Please circle **VISA, MasterCard** or **American Express**

Card # _____ Exp. Date _____

Name as it appears on credit card _____ CSV# _____

Signature _____ Date _____

Shakespeare on the Sound Health Record – Summer Camp 2017

Physical Exams Are Valid For 3 Years from Date of Last Examination

Name _____ Date of Birth _____
Parent/Guardian Name _____
Phone _____
Address _____
Emergency Contact Telephone _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____/____/____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

Measles	Yes	No
Hepatitis B	Yes	No
Mumps	Yes	No
Diphtheria	Yes	No
Rubella	Yes	No
Pertussis	Yes	No
Chickenpox	Yes	No
Tetanus	Yes	No
Polio	Yes	No

Comments:

Print name of medical care provider:

Medical care provider's address:

Medical care provider's: City/Town: _____ St: _____ Zip

Code: _____

Signature of Physician, PA, APRN or RN

Date Form Signed

Health records are required by the State. Forms directly from Physician's office are also acceptable.