

Thunderhawk Theater

International Thespian Society Troupe #4080

CAMP 2020

SUMMER



JUNE 15-19, 2020

9A.M.-12P.M.

OR

1P.M.-4P.M.

**WITH A PUBLIC PERFORMANCE
JUNE 19 AT 7:00 PM
AT LAHOTA EAST HIGH SCHOOL**



CAMP INFORMATION

The Thunderhawk Theater is an independent arts opportunity. The camp's purpose is to promote enjoyment of the arts through interaction across grade levels and across artistic genres. It is a fundraiser for the Thunderhawk Theater program and an opportunity for musical theater fun in the summer! Both sessions will focus on the preparation and performance aspects of musical theater. The camp show involves some speaking and solo singing parts. Campers will audition for these parts through their activities on the first day of camp. All campers will be singing, dancing, acting, and playing improvisational games throughout the week, and all campers will perform in the show on Friday night.

Morning Session (9am-Noon)

The morning session is open to all incoming 4-8 graders (2020-2021 school year), from any school, interested in attending a half-day camp with workshops on acting, improvisation, choreography, and singing.

All campers will audition for singing and acting roles on the first day of camp. All campers will participate in the final show, in singing and acting roles of various sizes. Some campers may need to practice lines and music at home in order to be fully prepared for Friday night's performance.

Camp workshops will be supervised by our adult team, but led by our talented high school camp counselors. Returning campers are welcome, as camp is always a new and exciting experience!

Afternoon Session (1pm-4pm)

The afternoon session is open to incoming 9th graders and will extend through this year's exiting seniors. Spaces are limited as we will offer voice lessons and workshops with a focus on musical theater scene study and elements of technical theater. Afternoon campers will also participate in the Friday evening performance.

GENERAL INFORMATION

The morning session has a planned cap of 60 students, and the afternoon session will have a cap of 40. The evening performance is free and open to all family and friends of campers.

This year's Summer Camp staff will consist of Mrs. Kristen Hoch—Theater Director at Lakota East HS, Mrs. Jennifer Dietsch—Vocal and Theater Director at Ridge Junior School, Ms. Jennifer Akers—Vocal and Theater Director at Hopewell Junior School, Mrs. Nicole Fink—Vocal Director at Liberty Junior School, and Mr. Michael Hoch—Technical Director at Lakota East HS. In addition, we will have approximately 20 current high school students on staff as counselors for the morning camp.

Camp fees for the week are \$150, and include a camp t-shirt. Checks must be payable to *Thunderhawk Theater*. Registration and fees must be in by Friday, May 29, in order for participants to receive a camp t-shirt. Please complete the attached forms, and send in the forms and the registration fees to secure a spot in the camp!



2020 Summer Camp Registration Form



Name _____

Grade/School '20/'21 _____

Student ID _____ Morning _____ Afternoon _____

Parents' Names _____

E-mail _____

Phone _____

Cell _____

Address _____

City, State, Zip _____

Shirt size YM YL AS AM AL AXL

Medical conditions or allergies we should be aware of? _____

Previous music and/or theater experience? _____

HS only—Vocal Range (circle one)

Soprano

Mezzo

Alto

Tenor

Baritone

Bass

Photo Release: I hereby grant Thunderhawk Theater the absolute right and permission to photograph my below-named dependent and use such photos in its promotional materials and publicity efforts. I understand that the photos may be used in a publication, print ad, direct mail piece, electronic media, or other form of promotion. I hereby release Thunderhawk Theater and their designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Camper Agreement: I agree to follow all rules of camp, do my best to participate in all activities, and to make camp a fun experience for everyone involved.

Dependent's name _____

Parent/Guardian signature _____ Date _____

**Registration forms may be mailed to:
 Kristen Hoch
 7264 Glenn Moor Dr
 West Chester, OH 45069**

**Questions?
 Email us at:
 Kristen.Hoch@Lakotaonline.com**



RELEASE OF LIABILITY / INFORMED CONSENT / ASSUMPTION OF RISK WAIVER

I, _____, hereby understand and acknowledge that participating in off-season student activities, including camps, school-sponsored activities not-in-season, open mats, open gyms, and/or use of exercise equipment (hereinafter, the "Activity") provided by **Lakota Local School District Board of Education** on its properties, requires physical exertion that may be strenuous and may expose me to many inherent risks, including accidents, physical injury, illness or even death. I am fully aware of the risks and hazards involved. I assume all risk of injuries associated with participation in said Activity of which may or may not be currently known, including, but not limited to, falls, contact with other participants, physical injuries, potential for falls, slips, sprains, broken bones, etc. In extremely rare cases, paralysis and even sudden death can occur as a result of the participation in this Activity. Serious injury or sudden death may also occur as a result of improper use of equipment.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in Activity. I acknowledge that I am physically fit and mentally capable of performing the physical Activity I choose to participate in.

Being fully informed as to these risks and in consideration for being allowed to participate in this Activity, I hereby assume all risk of injury, damage and liability arising from participation in this Activity. I have read this Release of Liability and Assumption of Risk Agreement. I fully understand this agreement and that I have given up substantial legal rights by signing it. I sign it freely and voluntarily.

I hereby release and hold harmless the **Lakota Local School District Board of Education**, its board of education members, employees, volunteers and agents from any liability, actions, causes of action, claims, judgments cost or expense, including attorney's fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by me while participating in said Activity. I have voluntarily chosen to participate and assume all such dangers and risks.

Student's Name	Participant's Signature	Date
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I certify that I am the parent/legal guardian of the above-named student, and that I have read and understand this Release of Liability/Informed Consent/Assumption of Risk Waiver agreement. I certify that I have explained the risks and dangers to my child. I certify that I have completed, signed, and returned an Emergency Medical Authorization Form consenting to emergency medical treatment for my child. I hereby release and hold harmless Lakota Local School District Board of Education, and their board of education members, employees, volunteers and agents associated with the Activity and related activities from any liability, actions, causes of action, claims, judgment cost or expense, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in this Activity(ies). I have voluntarily chosen to allow my child to participate and assume all such dangers and risks. I request that my child be permitted to participate in this activity.

Parent's Name	Parent's Signature	Date
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Parent's Name	Parent's Signature	Date
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Is this student covered by a medical insurance policy? Yes: _____ No: _____

If yes,
Insurance Company: _____ Policy Number: _____



Check if you do not want to receive general information via email

LAKOTA SCHOOL DISTRICT EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parent or guardian cannot be reached. **Please use Blue or Black ink.**

Student address _____ Student Name _____ Sex **M / F**

_____ Zip _____ Student I.D. _____ School _____

Home Phone# _____ Date of Birth _____ Grade _____ Homeroom# _____

Father's Name _____ Address (if different from student) _____ Email Address _____ Step-Mother's Name _____	Cell/pager _____ Home Phone _____ Work Phone _____ Cell/ Work _____
Mother's Name _____ Address (if different from student) _____ Email Address _____ Step-Father's Name _____	Cell/pager _____ Home Phone _____ Work Phone _____ Cell/ Work _____
Guardian's Name _____ (if other than parents) Email Address _____	Cell/pager _____ Work Phone _____

Person(s) who may be notified and to whom your child may be released if school cannot reach you:

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____

Facts concerning the child's medical history including allergies, medications taken on a daily or frequent basis, and any physical impairments to which a physician should be alerted: (Health alerts related to dietary concerns must be communicated directly to Lakota Local School Office of Child Nutrition by the parent or guardian)

The School Nurse may share health information with appropriate school personnel to aid in present and future educational decisions.

Doctor to be called _____ Phone _____

Dentist to be called _____ Phone _____

Preferred local hospital _____

Part 1-TO GRANT CONSENT **Please sign either #1 or #2 but not both**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor or in the event the designated preferred practitioner is not available by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Date _____ Signature of Parent/Guardian _____

Part 2 – TO REFUSE CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take NO action or to: _____

Date _____ Signature of Custodial Parent/Guardian _____