



SCT SUMMER THEATRE CAMP

DISNEY'S 101 DALMATIANS: KIDS

What: A 3-week study in theatre, ending with 2 performances of "DISNEY'S 101 DALMATIANS: KIDS," led by experienced teacher/director Elaine Gritti and choreographer Connie Krebbs.

Where: Rehearsals and performances will be held at Strongsville High School Little Theatre, 20025 Lunn Road, Enter DOOR D

When: Camp runs Monday thru Friday, June 11 through June 28th, 9AM to 3PM, with performances on the 29th and 30th of June at NOON. All campers are expected to participate in performances. Campers must be signed in by parent or guardian between 8:45 and 9:00AM daily. Campers must be signed out by parent or guardian at 3:00PM daily.

Ages: entering 2nd to 8th grades.

Cost: The cost for the three-week camp is \$300.

Registration: To register, please return the following form *and the accompanying medical information form* with a \$100 deposit by May 15th. DEPOSIT IS NON REFUNDABLE. Return the forms and check to:

Strongsville Community Theatre, c/o Elaine Gritti, 17413 Deer Ridge Circle Strongsville, Ohio, 44136.

Make checks payable to Strongsville Community Theatre. Remainder of tuition is due first day of camp.

OTHER INFORMATION:

Campers will need to bring in a lunch and snack every day. We will take a break of about 40 minutes at noon to eat and play outside, weather permitting. Remember sun reem and water bottles.



Please provide an email address that is checked on a daily basis.

I give permission for my child to participate in Strongsville Community Theatre's Summer Camp.

I agree to release, indemnify and hold harmless Strongsville Community Theatre, its officers, agents, employees and volunteers from liability for injury to my child or property damage resulting from participation in the above named activities. I give my permission for emergency medical personnel and/or a physician to provide transportation and/or treatment to my child. I agree to be financially responsible for any and all property damage resulting from the actions of my child.

In addition, I agree to pick up my child if, at the discretion of the staff, his/her behavior warrants removal from the above named premises.

Camper Name: _____

(Print name of Parent/Guardian)

(Signature)

Address:

Parent/guardian contact number(s): _____

Parent/guardian email: (checked daily:) _____



MEDICAL INFORMATION

Camper: _____

Physician's Name:

Contact Number(s) and Names:

Hospital Preference:

List/Describe any medications/medical condition.

List any allergies to food, insects, medication, etc. Describe allergic reactions and their severity.



Describe any significant learning challenges.

Describe any significant behavioral challenges.

PLEASE SEND ANY QUESTIONS TO: ELAINE GRITTI, 2018 Summer Camp

grittielaine@gmail.com