

# WE WANT YOU!

...TO JOIN US FOR THE SUMMER OF YOUR LIFETIME! JOIN US FOR THE **THIRD** ANNUAL

# STEAM!

## CHILDREN'S THEATRE PROJECT

AT SKY VISTA MIDDLE SCHOOL

**Location:** Sky Vista Cafeteria/Stage

**Instructors:** Sky Vista Science, Music, English, and Theatre Arts Teachers (720-886-4906)

For more information and updates, check out our **Facebook** page at [www.facebook.com/STEAMChildrensTheatreProject](http://www.facebook.com/STEAMChildrensTheatreProject)

**Email** us at [smsstem@cherrycreekschools.org](mailto:smsstem@cherrycreekschools.org)

To register, go to [www.cherrycreekschools.org/athleticsactivities/summercamps](http://www.cherrycreekschools.org/athleticsactivities/summercamps)

### SESSION 1: OPEN TO BOYS AND GIRLS, GRADES 5-12 (2017-2018 SCHOOL YEAR)

**Dates:** Monday through Friday, July 10—21

**Times:** 8:00 a.m.—12:00 p.m.

*Evening Performance on **July 21 at 6:00 p.m.***

**Session Description:** Students will spend the first few days preparing auditions for a musical production chosen specifically to best fit the needs of the participants. After casting, students will discover scientific solutions to theatrical problems in order to produce a musical performance. Activities will be geared towards specific age groups, including mentorship opportunities for high school students.

**DEADLINE TO REGISTER: July 3** (See REGISTRATION FORM on reverse!)

### SESSION 2: OPEN TO BOYS AND GIRLS, GRADES 5-12 (2017-2018 SCHOOL YEAR)

**Dates:** Monday through Friday, July 10—21

**Times:** 12:30 a.m.—4:30 p.m.

*Evening Performance on **July 21 at 6:00 p.m.***

**Session Description:** Session 2 will focus on a unique combination of science and theatre; students will create an original production based on the chosen musical from session 1. Through indoor and outdoor science experiments, play writing basics and lessons in design, participants will write, design, and star in their own production. The final product will be the prologue or epilogue to the musical performance of Session 1. Activities will be geared towards specific age groups, including mentorship opportunities for high school students.

**DEADLINE TO REGISTER: July 3** (See REGISTRATION FORM on reverse!)

*Minimum number of participants for each session is 15. If we do not reach that number, you will be notified that that session is cancelled.*

## \$240.00 per session

**NEW this summer!** To experience the full STEAM Theatre Project, register for **BOTH** sessions! Sign up for **SESSION 3** and receive a discount rate of **\$440.00—a savings of \$40.00!**

If signing up for both sessions, please bring a lunch. If signing up for one session only, please bring a snack.

# SUMMER CAMP REGISTRATION FORM (one per student)

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

LAST FIRST

Primary Contact Name: \_\_\_\_\_  Mom  Dad  Other

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address, City and Zip: \_\_\_\_\_

If you need to be contacted, which phone number would you prefer (check one):  Work  Home  Cell

As an alternate means of contacting you, please provide an e mail address: \_\_\_\_\_

School student attends: \_\_\_\_\_ Grade (2017-2018 School Year) \_\_\_\_\_

If a student's parents cannot be contacted, please contact: \_\_\_\_\_  
Name and Relationship to Student Phone

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital \_\_\_\_\_ Phone \_\_\_\_\_

**\*\*\*\* INSURANCE INFORMATION (Please provide all information—if student is not insured, please write 'NONE.')\*\*\*\***

Name of Insurance Carrier	Policy #	Group #	Primary Person Insured
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\_\_\_ Allergies \_\_\_\_\_ Allergies: Life Threatening \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_ Asthma \_\_\_\_\_ EpiPen \_\_\_\_\_ Medications: Current \_\_\_\_\_

\_\_\_ Diabetes \_\_\_\_\_ Orthopedic \_\_\_\_\_ Last DT/DPT Immunization \_\_\_\_\_ (mo) \_\_\_\_\_ (yr)

**\*\*\*\* AUTHORIZATION STATEMENT (Please read and sign below.) \*\*\*\***

This statement releases the Cherry Creek Schools of financial responsibility in case of accident/injury to my son/daughter while he/she is participating in summer sports activities. I fully understand the Cherry Creek Schools do not provide accident or health insurance coverage for my son/daughter while he/she is participating I understand that it is my responsibility to provide health/accident insurance coverage for my son/daughter.

I DO HEREBY AUTHORIZE OFFICIALS OF THE Cherry Creek School District to contact directly the persons named on this form in an emergency for the health of said child. In the event that parents/guardians or other persons named on this card cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child. If there is a medical emergency and the school is unable to reach me or emergency contact, I understand that 911 Emergency will be called and my child will be transported by ambulance to the designated medical facility or the nearest medical facility and given medical treatment by a qualified physician at my expense. Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**\*\*\*\* CAMP REGISTRATION \*\*\*\***

CAMP #	CAMP NAME	SESSION (if only 1, leave blank) **	COST

**\*\* if paying with a credit card, a processing fee of 3.6% will automatically be added to this amount** **\*\* TOTAL** \_\_\_\_\_

**\*\* You may choose more than one session for those camps which have more than one advertised if you think your first choice may become full (i.e. under 'SESSION', put '1st choice, 2nd choice,' BUT IF YOU DO THIS, YOU MUST ENCLOSE A SELF-ADDRESSED, STAMPED ENVELOPE so you know which session student is assigned.**

**NO CONFIRMATIONS SENT.**

**MAKE CHECKS PAYABLE TO 'CHERRY CREEK SCHOOLS.'**

**MAIL Your Registration to:**

Summer Sports Camp Office  
 9150 East Union Avenue  
 Greenwood Village, Colorado 80111

(VISA, MASTERCARD OR DISCOVER ONLY)

**IF YOU WANT A RECEIPT:**  
 Please enclose self-addressed stamped envelope.

**PRINT** Cardholder's Name \_\_\_\_\_

Card# \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (16 digits) Expiration Date \_\_\_\_/\_\_\_\_ (4 digits)

Cardholder's Signature \_\_\_\_\_

**\*\* A processing fee of 3.6% will automatically be added to TOTAL**

**REFUND POLICY**

If you must withdraw from a camp, you must make a request within a week after the camp begins. You will be refunded your money minus a \$25.00 cancellation fee imposed for each camp cancelled. **TO CANCEL: CALL 720-554-4343.**

**FOR OFFICE USE ONLY**