



SMS Drama Clubs invite you to join us in our summer show!

June 3rd - 7th St. Michael School Auditorium

9 am until 3:30 pm Monday - Thursday

\*Friday will be 9 am until after our 7pm show

Shows at 4pm and 7pm on June 7th

Cost: \$100 (checks made to St. Michael)

Contact Mrs. Ciesluk if financial assistance is needed to participate.

All students in current grades 2 - 8 are invited to participate in our summer drama camp. 8th graders will serve as leadership.

Students in grades 2 - 7 will participate as cast and crew.

Our show is Lion King Kids! This 40 minute version of the beloved musical will come alive in just 5 days of rehearsals!

Please return the registration form and fee to school by Friday, May 17th.

Students will bring their own packed lunch each day. We will supply snacks and dinner after our 4pm show on Friday!

Please send any questions to:

Rob Ciesluk - [RCiesluk@sms.noacsc.org](mailto:RCiesluk@sms.noacsc.org)

Or

Monica Ciesluk - [MCiesluk@sms.noacsc.org](mailto:MCiesluk@sms.noacsc.org)

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Check # \_\_\_\_\_

Phone Number (day) \_\_\_\_\_

\$100 per student

Phone Number (evening) \_\_\_\_\_

Email Address(es) for reminders and camp information:

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Emergency Contact Name \_\_\_\_\_

Emergency Contact phone number \_\_\_\_\_

Information so that we can prep for costumes:

T-shirt Size      YS    YM    YL    YXL    AS    AM    AL    AXL

Pant Size \_\_\_\_\_

Height \_\_\_\_\_

**Permission to Participate**

I, the undersigned, am the parent/legal guardian of the student identified on this form. By, and through my signature affixed below, I do give my authorization and consent for my child to participate in the St. Michael Drama Club Summer Camp and production of The Lion King Kids. I agree to release and hold harmless St. Michael the Archangel Parish and School against any liability, loss, damages and/or expense, in law or equity, by any persons resulting from the administration, performance, planning, preparation, development, conduct and execution of the Summer Camp June 3 - 7, 2019.

**Photograph and Video Release**

I fully understand that my child may be included in photos or videos for promotion of the program or production for archival purchases. I give permission for the staff to photograph or videotape my child and include my child in photographs or videos utilized by St. Michael the Archangel Parish or School for its legitimate purposes, including, but not limited to, organizational / event promotion.

*I have read and fully understand the information above.*

Parent (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Participant Name \_\_\_\_\_

## LETTER OF AGREEMENT

In order to confirm your participation, please review the following information with your child and complete the form below.

I agree to actively participate in the rehearsal process, production, and any related experience.

Due to the fact, that there are many people involved in the production, I understand that in order to be properly prepared for the performances that I need to be in attendance when required.

I agree to abide by all guidelines of the Program. These guidelines include:

- being on time at all rehearsals is expected
- respecting the church and other venue's rules -- walk quietly in the hallways and respect all church property; remain in the space provided for rehearsal -- do not go into any rooms not designated for St. Michael Drama Club
- respecting others' property and space
- not using bad language
- listening to the staff and not interrupting activities
- keeping the work areas clean and helping with cleanup (make sure all areas look the same -- or better -- than when you arrived)
- not using drugs, alcohol, or any other illegal substances
- not engaging in any inappropriate behavior (including teasing, bullying, violence or inappropriate displays of affection)
- working as a team and helping technical crews and other performers as needed
- **helping with strike after the final performance**

**I understand that if I do not abide by the Program guidelines, I will risk suspension or termination from St. Michael Drama Club & St. Mike's Peewee Players Summer Camp, without refund of fees.**

(Parent/Guardian) I understand the terms of my child's/ward's participation in the program and support his/her participation.

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Youth's Signature

Parent/Guardian Signature

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Name (please print)

Name (please print)

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Date

My Child may be picked up from people:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

2



by the following

**St. Michael Drama Club & St. Mike's Pee wee Players Summer Camp  
MEDICAL INFORMATION AND EMERGENCY CONTACT INFORMATION**

**Youth**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Parent/Guardian**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship to Youth: \_\_\_\_\_ Work/Mobile Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Secondary Contact**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship to Youth: \_\_\_\_\_ Work/Mobile Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Insurance Information**

Insurance Provider Name: \_\_\_\_\_  
Primary Policy Holder: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Group Number: \_\_\_\_\_ Plan Number: \_\_\_\_\_

**Primary Physician**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Dentist**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Allergies or Medical Problems** (please be sure to list any food, medication, or other substance that may contribute to allergic reactions) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Prescriptions** \_\_\_\_\_  
\_\_\_\_\_

**Medical Consent**

I understand that there are some risks inherent in the activities that are included in the Program, but willingly assume these risks in order to allow my child to participate. If I cannot be reached in the event of an emergency, I give permission for any care or treatment by a physician, surgeon, hospital, nurse, doctor's assistant, or medical care facility that may be required.

- In case of an emergency, and I cannot be reached, I DO give permission for care or treatment as outlined above.
- In case of an emergency, and I cannot be reached, I DO NOT give permission for care or treatment as outlined above. An adult or guardian MUST attend all rehearsals and events.