

1044 North Main Street
Bristol, NH 03222



(603) 848-7979
Onelighttheatreco@gmail.com

Performing Arts Summer Camp 2018

Help your star shine a little brighter!

One Light Theatre Co's summer day camp offers a unique experience for all of its campers ages 6-14. Children will participate in team building activities that focus on the creative arts. Students will also have the chance to fine tune their craft with voice lessons, dance classes, and acting workshops, all lead by professionals who have years of experience in the world of theatre arts. All of these workshops will culminate in a full scale musical to perform at the end of the week!

Where: Winnisquam Regional High School, 435 W Main St, Tilton, NH 03276

When: July 9th - 13th, 2018

8am-4pm Daily, with Performances Friday (Times/Locations TBD)

Daily Schedule

8am-8:15am	Daily Welcome & Theatre Games
8:15am-12pm	Work on Music, Acting and Dancing
12pm-12:30pm	Lunch, Theatre Games, and Performances (campers bring their own lunches)
12:30pm-4pm	Rehearsal for the Performance

One Light Theatre is proud to offer an affordable camp experience for the community. A 50% deposit is due at the time of registration with the remaining balance due by June 1st. Camp admission is first come, first serve. Please fill out the registration form attached and mail back to One Light Theatre Co. with your 50% deposit or full payment to hold your camper's spot. More pricing information on attached "Payment Form."

"One Light Theatre helped my child open up. The experience has really boosted her confidence."

-Shelly Barrington, Salisbury, NH

"Through this company my son went from hiding when he sang to being center stage! The experience has inspired our entire family."

-Kim Auger, Sanbornton, NH

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Registration Form

Submit one per child

Camper Information: Male Female

Check this box if address and home phone are the same as Parent/Guardian #1 listed below

Name (First and Last): _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Home Phone: _____ Date of Birth: _____

Age at time of camp: _____ Grade entering this fall: _____

List any allergies and dietary restrictions _____

List any medications that need to be administered between 8am and 4pm: _____

Doctor: _____ Doctor's Telephone: _____

Insurance Provider: _____ Insurance ID Number: _____

Please scan and attach a copy of your insurance card.

Please list prior performance experience:

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Parent/Guardian #1 Information: (all correspondence and invoices will be sent to this person)

Name (First & Last): _____

Email Address: _____

*Please be sure that your email address is valid. You will receive all correspondence to this email. Add **onelighttheatreco@gmail.com** to your address book to ensure delivery. Your email is confidential information.

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Relationship to Camper: Mother Father Guardian Other: _____

Custodial Parent? Yes No

Parent/Guardian #2 Information: (NOTE: all correspondence and invoices will be sent to the "Parent #1" above)

Check this box if address and home phone are the same as Parent/Guardian #1 listed above

Name (First & Last): _____

Email Address: _____

*Please be sure that your email address is valid. You will receive all correspondence to this email. Add **onelighttheatreco@gmail.com** to your address book to ensure delivery. Your email is confidential information.

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Relationship to Camper: Mother Father Guardian Other: _____

Custodial Parent? Yes No

Non-Custodial Parent: Should be contacted in case of emergency and has permission to pick up camper

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Emergency Contacts and Authorized Pick Up Persons: (In addition to parents/guardians)

*Use this area to list the individual(s) we may contact in an emergency and/or you authorize to pick up your camper from the camp in the event that you are unable to do so.

Name: _____ Name: _____

Relationship to Camper: _____ Relationship to Camper: _____

Home Phone: _____ Home Phone: _____

Cell/Work Phone: _____ Cell/Work Phone: _____

How did you hear about One Light Theatre Co. Summer Camp?

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Waiver and Release
Submit one per child

I _____ (print your name) have chosen to have myself/my child _____ (print name), participate in programming given by One Light Theatre Co. I acknowledge that I understand the nature of activities I/my child is participating in and that I/my child is in the proper physical condition and capable of participating in the related activities, understanding that One Light Theatre Co. is not in any way responsible for making such a determination.

In consideration of my/my child's enrollment in any theatre program, I understand and agree on behalf of myself and my child, to release, hold harmless, and discharge One Light Theatre Co. from all claims, costs, liability, expenses, or judgments, including attorney's fees and court costs for any occurrences in connection with any theatre instruction. I indemnify the company and all its agents from all liability for any and all loss, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of One Light Theatre Co., its agents, employees or otherwise while the named participant participates in One Light Theatre Co. events. I assume all risks in connection with any instruction and further release One Light Theatre Co. and its owners, agents, staff, and employees from liability for any injury/death sustained while I/he or she is enrolled in any theatre instruction program, including all risks connected with such activity foreseen and unforeseen.

I understand that in the case of injury or illness, I/designated person(s) will be notified. If it is impossible to contact me/designated person(s) and it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of me/my child.

I understand that the above program involves traveling to various sites. I will accept full responsibility for the transportation of me/my child to and from these activities and I release, indemnify, and hold harmless any person providing such transportation.

I understand that One Light Theatre Co. is not responsible for personal property that is lost, damaged, or stolen while me/my child is participating in One Light Theatre Co. programming.

I acknowledge and agree that it is my responsibility to maintain my own/my child's accident and health insurance that provides adequate coverage for myself/my child participating in One Light Theatre Co. programs.

I authorize and agree that One Light Theatre Co. may take and use photographs, videos, or likenesses of myself/my child as needed for its record keeping, advertising, and/or public relations projects.

I, the participant/parent or legal guardian, the undersigned, have read this release and understand all its terms. I execute this release, and I execute it voluntarily and with full knowledge of its significance. I am lawful and competent to sign this affirmation.

Signature of Participant or Participant's Parent/Guardian

Date

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Payment Form

Submit One Total

Registration Fee

Price

- \$300- 1 Child
- \$550- 2 Children
- \$800- 3 Children
- Fall 2017 Discount- 200.00 per Camper (paid in full)
- Early Bird Special- 250.00 per Camper (December-March)

Payment Plan

- Pay full registration fee now (only option for Fall 2017 Discount)
- Pay 50% deposit now, pay remaining balance by June 1, 2018

Type of Payment:

- Cash Enclosed
- Check Enclosed (payable to One Light Theatre Co.)
- Credit Card:
 - Visa
 - MasterCard
 - American Express
 - Discover

Amount of payment: \$ _____

Credit Card Number: _____

CVC Number: _____ EXP Date _____

Name on Card: _____

Billing Address:

Signature:
