



KELLAM DRAMA KIDS' KAMP

SATURDAY, DECEMBER 5, 2009

9:00 a.m. – 4:00 p.m.

(Performance presentations @ 3:00 p.m.)

**ALL STUDENTS MUST BE PICKED UP IMMEDIATELY FOLLOWING
PERFORMANCES.**

WHO: Kids ages 5 – 13 (K – 8th grade) and Kellam Drama Students
(Parents of Kellam Drama Students and Alumni will supervise each age group.)

WHAT: A drama day camp that's full of drama activities! We will be participating in theatre games, improvisational theatre, performance, and other drama-related activities.

COST: \$35.00 per child – Cash or Checks (made to Kellam High School, with address & phone number on check)

- Bring a bag lunch.
- Bring money for snacks or pack a snack.
- Invite your friends.
- Registration is limited. Turn in registration form with money to guarantee you spot.
- Each age group will perform a skit beginning at 3:00 p.m. Parents and friends invited.

CONTACT: Mrs. Tammy Smith, Drama Director at 648-5400, ext. 59138 or tamarag.smith@vbschools.com with your questions and concerns.

MAIL FORMS TO: Tammy Smith, Kellam High School,
2323 Holland Road, Virginia Beach, VA 23453





Kellam Drama Kids' Kamp – Parental Consent Form

Camp Dates: December 5, 2009

Name: (for name tag & certificate) – print neatly _____

Age: _____ Grade: _____

Address: _____

City: _____ Home _____

State: _____ Zip: _____ Cell Phone: _____

E-mail: _____

YES NO (circle one) My child may wear stage make-up and/or have his/her face painted.

STATEMENT OF CONSENT

I/We, the undersigned, hereby certify that I/We, am/are the parents or legal guardians of the participant on this form. I/We hereby give permission for the camp staff to seek, during the period of camp, appropriate medical attention for the participant, for the attention to be given to the participant, and for the participant to receive medical attention and treatment. In the event of an injury or illness, you (parent/guardian) will be contacted.

I/We, the undersigned, understand that the Kellam Drama Kids' Kamp is an active, physical activity and that injuries can occur. I/We assume all known and unknown risk of injury to my/our son/daughter. I/We hereby acknowledge that my/our son/daughter is physically fit and mentally capable of participating in the Kellam Drama Kids' Kamp and all camp activities.

I/We waive, release, and discharge the School Board of the City of Virginia Beach, the school, the staffs, agents, employees, representatives, successors, and assigns for any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during the participation or while at this camp.

I/We give permission for the Kellam Drama Club to use pictures of the participant on our web site to promote this activity.

The camp director reserves the right to dismiss students from the camp for inappropriate action or behavior with no refund.

CAMPER'S HEALTH INFORMATION

To be completed and signed by camper's parents or legal guardian.

_____ Asthma _____ Diabetes _____ Heart Disease _____ Rheumatic Fever

_____ Bleeding Disorders _____ Convulsions/Seizures _____ Head Injury/Concussions

Allergies to Drugs: _____ Allergies to Food: _____

Last Tetanus Immunization (date): _____

Current Medications: _____ (No medications can be administered at Kamp)

Chronic or Recurring Illnesses: _____

Operations/Injuries (include dates): _____

Physical Restrictions*: _____

Physician Telephone: _____ Dentist Telephone: _____

Medical Insurance: _____ Policy Number: _____

I/We have read and I/We understand the camp program and application process. Virginia Beach City Public Schools does not provide medical coverage for its students. An incident requiring medical attention is the responsibility of the parent or legal guardian through their personal medical insurance.

My/our signature(s) indicate(s) that I/We have provided true information on this application, and understand all statements on this form.

Parent(s) or Legal Guardian(s) Must Sign Here: _____

Print Parent Name _____

Other persons who may pick up your child: _____