

CAMP DETAILS



Camp Director & Acting Instructor: Kendrix Singletary
Camp Manager: Jonathan Brewington
Music Instructor: Teresa Davis
Dance Instructor: Richard Bullard

Limited Space Available

6-day artistic intensive program ending with a revue for friends and family.

Ages	Camp Dates / Times	Revue Date
8 years old – 16 years old (special consideration may apply)	July 17 thru July 22 1pm – 6pm	Saturday, July 22 Friends & Family are welcome-details TBD

CAMP FEE: \$150.00 per camper (Sibling discount: 20% discount applies to only second & third registrations)
scholarships available (10 accepted)

SYLLABUS: Our camp revue will showcase the talent and creativity of our students in front of friends & family.

- *Learn essential acting skills
- *Participate in theater games and exercises
- *Create and act out scenes through improvisation
- *Dance/movement
- *Monologues
- *Music Instruction
- *Audition prep/headshots
- *Meals Provided

LOCATION: Camp is conducted in and around the facilities at the Carolina Civic Center Historic Theater

ARRIVAL AND DEPARTURE: Campers should arrive daily between 12:45 PM and 12:55 PM. Campers should be picked up at 6:00 PM. **Campers must be picked up no later than 6:15 PM.**

REGISTRATION: **Application deadline is June 16.** Submit completed application via mail to **Jonathan Brewington at 315 N. Chestnut Street, Lumberton, NC 28358**, via email at **Jonathan@CarolinaCivicCenter.com**, or via fax **(910)738-7331**. All registrations must include the \$150 camp fee. All major credit cards are accepted or make checks payable to **Carolina Civic Center**. Slots are filled based on determination by camp staff, receipt of registration, and camp fee secured. Applications are accepted in the order they are received. Should your application be received after capacity is reached, you will be notified that your child's name has been placed on the waiting list.

DETERMINATION, CANCELLATIONS, AND REFUNDS: Campers are hand selected by the camp staff. If your child isn't selected, a full refund will be sent back to you. There are no refunds for canceled participation. Camp fees are not discounted when campers arrive late or leave early. Campers may be dismissed from the camp by the camp staff for any reasonable case deemed necessary. Bad conduct, non-attendance, disrespect, laziness, and bullying will **NOT BE ALLOWED**. In case of dismissal from camp, there are no refunds. If your child is awarded a scholarship, \$100 of your registration fee will be refunded.

For additional information or questions, please contact Jonathan Brewington at Jonathan@CarolinaCivicCenter.com or by phone at (910)738-4339.

(keep for your records)

REGISTRATION ~ SUMMER THEATER BOOT CAMP

CAMPER INFORMATION – one camper per registration form please

Name _____ Preferred Name _____

Male _____ Female _____ Age _____ (please note all campers must be between the age of 8&16) Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

Does your child have any physical, medical, special needs, allergies or emotional conditions the camp staff should be aware of?

If Yes, please explain

Grade in Fall 2023 _____

Can this camper partake in meals/snacks provided by public schools of Robeson County to our camp? _____

List any Clubs, Organizations, Show Experience, Special Interests and/or Hobbies your child is interested in

List special skills/values you seek for your child at our camp (be specific)

PARENT/GUARDIAN INFORMATION

Name _____

Cell Phone _____ Home Phone _____ Other Phone _____

E-mail address _____

EMERGENCY CONTACT INFORMATION Please provide information for a local, adult (18+) emergency contact.

Name _____

Relationship to Camper _____

Cell Phone _____ Other Phone _____

E-mail address _____

(return with payment)

REGISTRATION ~ SUMMER THEATER BOOT CAMP

Would you like to apply for a scholarship? Yes___ No___

Describe why your child would like to attend our Summer Camp, detail any circumstances, and why your child is a great candidate for this scholarship opportunity.

CAMP PAYMENT

Select One

_____ **1 camper** = \$150.00 camp fee
_____ **2 campers** (with discount) = \$270.00 camp fee
_____ **3 campers** (with discount) = \$390.00 camp fee

PAYMENT INFORMATION

All registrations must include the above camp fee. Payment options below:

Check # _____ Enclosed Check Amount \$ _____

Card # _____ Expiration Date _____ CVC _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip Code _____

Authorized Signature _____ Date _____

LIABILITY RELEASE, PUBLICITY FORM, and PROTECTION OF REPUTATION

I, the undersigned, forever release, discharge and waive the Carolina Civic Center, and it's staff, officers, directors, agents and volunteers from any and all liability rising from related to, or connected with any injury, illness, or damage for any reason, caused by or sustained in the course of any participation in performances, rehearsals, or any other activities conducted by or associated with the Carolina Civic Center. I hereby attest that this waiver of liability is provided voluntarily upon submission of this form and shall be fully binding upon me, my heirs, next of kin, executor, administrator and/or personal representative. Further, in consideration of the Carolina Civic Center granting permission to participate, I hereby grant permission to use my/my child's name, image, and video in any publicity release whether by print or electronic means for the purpose of informing the community of events, publicity, advertisement or production sales or distribution. This includes, but is not limited to, newspapers, magazines, radio, television, social media, and the internet. I, the undersigned, shall not, through any form of communication with the press, public, clients or media, disparage the Carolina Civic Center Foundation or Carolina Civic Center Historic Theater, its staff, board, director and colleagues in any way. I understand that forms of communication include but are not limited to social media websites, public forums, suppliers, vendors, clients, interviews, show casts or record statements. I understand that disparagement includes but is not limited to critiques, derogatory statements, ridicule, false assumptions, slander, jokes or insults at the expense of the company, management, staff, or senior personnel.

CAMPER(S) NAME (PRINTED)	
SIGNATURE OF RESPONSIBLE ADULT	DATE
RESPONSIBLE ADULT'S NAME (PRINTED)	
RELATIONSHIP TO CAMPER(S)	

Thank you for registering your child. We look forward to seeing you this summer!

(return with payment)

**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend masks or other face coverings, and social distancing and have, in many locations, prohibited the congregation of groups of people.

The Carolina Civic Center Historic Theater has put in place preventative measures to reduce the spread of COVID-19; however, the Carolina Civic Center **cannot guarantee** that you, your family, or your participating child will not become infected with COVID-19. Further, attending the **Carolina Civic Center** could increase your risk, your family's risk, and your child's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family, participating child and I may be exposed to or infected by COVID-19 by attending the Carolina Civic Center and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Carolina Civic Center may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CCC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my family, or my participating child may experience or incur in connection with any attendance at the Carolina Civic Center. On my behalf, and on behalf of my child and family, I hereby release, covenant not to sue, discharge, and hold harmless the CCC, its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the CCC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any CCC program.

Printed Name of Minor (under 18 years of age)

Signature of Responsible Adult

Date

(return with payment)