

The Thousand Oaks Theatre Camp

For more info:

www.perustatecamps.com

1-800-742-4412 ext. 2285

High School Students will have the opportunity to experience an audition process. They will get to design and construct the set, costumes, props, lights, and sound. They will experience an intensive rehearsal process. And will, ultimately, participate in an outdoor performance for area youth. This camp is designed to build camaraderie among likeminded artists, and to be an introduction to the collegiate theatre experience. Participants will work hand in hand with theatre professionals of ranging talents and experiences, giving them valuable exposure and networking opportunities.



STAFF: **Joshua E. Young**
Director of Theatre

Devon Denn-Young
Tech Director

Kathryn Reynolds
Theatre Intern

DATES:

June 13th - 20th, 2010

COST: \$299 per person

- Participants need to bring their sleeping bags, pillows, personal hygiene needs, towels, etc.
- All meals, housing, etc. are included.

If you have a friend who would like to attend camp, please make copies of this application or you can visit www.perustatecamps.com to complete it online. Make checks payable to **Peru State College**. Please complete and return the application to:

The Thousand Oaks Theatre Camp
June 13th - 20th 2010; \$299

Peru State College
Joshua Young
P.O. Box 10,
Peru, NE 68421

First Name: _____ **Last Name:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Home Phone:** (____) _____ **D.O.B.:** ____/____/____

E-Mail: _____

Age: _____ **Grade:** _____ **Height:** _____

My School: _____

Hometown Newspaper: _____

Each camper will need to fill out waiver of liability form that can be downloaded from our camp website

www.perustatecamps.com

LIABILITY RELEASE & MEDICAL FORM

NOTE: The student may not participate in the _____ Camp, scheduled from _____ to _____ until the PSC Athletics Department has received this completed, signed and dated form.

Assumption of Risk and Release from Liability

In consideration of being allowed to participate in this camp, the undersigned, in full recognition and appreciation of the dangers and hazards inherent, agrees to assume all risks and responsibilities surrounding participation in this camp. Further, the undersigned (including any heir or personal representative) hereby unconditionally releases, holds harmless, and agrees not to sue or bring action against the Board of Trustees for the Nebraska State Colleges, Peru State College (PSC), officers, employees, agents, instructors and all participants in said camp program from any and all future claims, liability, demands, or causes of action, including claims and suits at law or in equity, for any injury, death, or damage resulting from the camp participation.

The undersigned also agrees to observe and abide by all published PSC rules and regulations which govern participant conduct and responsibilities while participating in this camp. The undersigned further agrees to refrain from any conduct that is injurious to self or others while participating in the camp and understands that failure to act accordingly may result in dismissal from the camp.

Medical Information and Authorization

The undersigned hereby authorizes and gives consent to representatives of PSC to obtain reasonable and necessary emergency medical/dental treatment or services for the student identified below if the student becomes ill or sustains an injury while participating in the camp. The undersigned further agrees to assume all costs related to such treatment or services.

Student Insurance Coverage: Company & Policy Number: _____

Known Allergies, Physical or Mental Medical Issues: (Please explain) _____

Required Signatures

Student Printed Name

Student Signature

Date

Co-Signature of Parent or Guardian
For Students under 19 years of age

Date

Emergency Contact Information Name (s)

Phone(s)