



Fairfax High School Theatre's

1-DAY DRAMA CAMP

Theme: ~~HOUSE~~ OF THE MOUSE

**WHEN:**

Tues, March 3rd

*This is a student holiday/
teacher work day*

TIME:

9:00am -
3:30pm

WHERE:

Fairfax High School
3501 Rebel Run
Fairfax, VA 22030

WHO:

For any child in
1st - 8th Grade

COST:

\$50 per child or
\$30 for FCPS
Employees

The Staff: Mr. Erich DiCenzo, FHS Theatre Director, is the Camp Director. The FX Players, our dedicated and talented high school theatre students, are the Counselors. Parents from the Theatre Boosters will be on hand as Chaperones.

The Campers: will be divided into groups according to current grade levels.

The Schedule: Camp is from 9 a.m. to 3:30 p.m. The whole group will be together for an opening. Then, each age group will follow its own schedule of activities - such as acting, musical theatre, props, costumes, and dance. Parents are invited to watch the campers perform what they've learned in the Auditorium at 3:00pm.

Lunch: Campers must bring their own lunch and drink and will eat with their Counselors in the cafeteria.

Registration: Online registration (www.fxplayers.org) is highly recommended; or complete the attached registration and emergency forms and mail with payment **by February 26th**. You will receive a confirmation email when registration and payment have been received.

Note: A parent or caregiver will be required to enter the school to sign the campers in & out.

REGISTRATION

Go to www.fxplayers.org to register and pay online

or

Complete the Registration & Emergency Care form on reverse and mail.

Deadline to receive mail-in registration is: FEB 26, 2019

Checks made payable to: "FHS Theatre Boosters".

Mail to:

Fairfax High School Theatre Boosters, 3501 Rebel Run, Fairfax, VA 22030



Fairfax High School Theatre Boosters One-Day Drama Camp

Camper's Registration & Emergency Care Information

Camper's First Name _____ Last Name _____

Camper's Grade _____ Name of School Camper Attends _____

Parent 1 First Name _____ Last Name _____

Parent Email (Confirmation will be sent to this address) _____

(_____) _____ (_____) _____
Parent 1 Daytime Ph# Mobile #

Parent 2 First Name _____ Last Name _____

(_____) _____ (_____) _____
Parent 2 Daytime Ph# Mobile #

Please list at least 2 other persons we may call if the parents cannot be reached, who have your permission to make decisions concerning your child in the event of an emergency:

Name of Person (First Name, Last Name)	Relationship	Daytime Ph#
_____	_____	_____
_____	_____	_____

Does Camper have any current health conditions that may require attention during the day?

☐ Allergies (list below) ☐ Asthma ☐ Respiratory ☐ Diabetes ☐ Physical Disability ☐ Other

Does Camper need any special accommodations for allergies or other health reasons? ☐ YES ☐ NO
If yes, please describe:

Person picking Camper up in the afternoon: (please ensure pick-up person brings photo ID)

First Name _____ Last Name _____

First Aid Release: Signing this form grants the Staff permission to administer immediate first aid to my child should he/she be injured or become ill during the camp, and if necessary, to call for emergency help.

Photo Release: I give permission for my child to be photographed for promotional purposes by Fairfax High School Theatre Boosters.
☐ YES ☐ NO

Parent Signature: _____ Date: _____