



Anderson High School Summer Drama Camp Info

Monday, June 22 – Friday, June 26, 2009

Morning Session - 8:00 AM – 12:00 Noon (only \$50)

Full Day Session - 8:00 AM – 5:00 PM (\$100)

PLEASE NOTE: “Work-in-Progress” performance, Friday at 5:00 PM, is for Full Day campers ONLY!

For students ages 7 – 14 years

TO REGISTER: Please send your completed Registration page with payment (checks to AHS Theatre)

By June 12th to:

**Anderson High School
Attn: Eric Porter, Theatre Dept.
8403 Mesa Drive
Austin, TX 78759**

You may also drop the Registration page and payment off at Anderson High School. Just ask the office staff to put it in Mr. Porter’s teacher mailbox.

DROP-OFF: Please drop your child off at Anderson High School Performing Arts Center.

Directions: Enter the 1st driveway to the right off Cima Serena into the teacher parking lot. (Cima Serena is the side street just to the left of the high school off Mesa Drive). Once you enter the teacher parking lot, turn left and head straight back to the Performing Arts Center. There is a portable building to the left of the Performing Arts Center where students will gather.

REMEMBER:

- Please send your child with a sack lunch if they are registering for the full day session.
- Snacks and drinks can be purchased from the concession stand.
- Every registered child will receive a t-shirt on Friday.
- Parents may view the **“Work-in Progress” performance at 5:00 p.m. on Friday** in the Performing Arts Center theatre.

If you have any questions, please call 841-1580, or email eric.porter@austinisd.org



Anderson High School Summer Drama Camp Registration

(Fill out one form per family, please!)

NAME OF CHILD (1) _____ AGE _____ T-SHIRT SIZE _____

SCHOOL CHILD ATTENDS _____ GRADE (Fall 2009) _____

NAME OF CHILD (2) _____ AGE _____ T-SHIRT SIZE _____

SCHOOL CHILD ATTENDS _____ GRADE (Fall 2009) _____

NAME OF CHILD (3) _____ AGE _____ T-SHIRT SIZE _____

SCHOOL CHILD ATTENDS _____ GRADE (Fall 2009) _____

PARENT NAME _____

PHONE NUMBER(S) that YOU can be reached at during camp _____

EMERGENCY CONTACT (other than parent) _____

ADDRESS _____

EMAIL ADDRESS (ES) _____

NAME & PHONE OF PERSON(S) with permission to pick up child _____

FAMILY PHYSICIAN (name & number) _____

MEDICAL INSURANCE (company name, phone number, & policy number) _____

INSURANCE POLICY HOLDER'S NAME _____

SPECIAL CONCERNS regarding your child that we need to be aware of (medications, allergies, etc.)

May we use still photos or video clips including your child for future promotional materials?

_____ YES _____ NO

(CHOOSE A SESSION) _____ MORNING SESSION _____ FULL DAY SESSION
(8:00 AM – 12:00 Noon) (8:00 AM – 5:00 PM)
(\$50) (\$100)

NAMES OF OTHER CHILD (REN) also attending requested to be in same group _____,
_____, _____, _____

Please sign below to indicate that you are aware that Anderson High School and its camp instructors are not responsible for injuries that might occur during camp time.

Parent/Guardian Legal Signature

Date