

# STEUBEN'S GOT DRAMA?

Steuben's Got Drama is an academic enrichment summer camp funded by the Literacy Coalition's 21st Century Community Learning Center grant for students in grades 1-8. The program will operate for 2 weeks during the summer of 2019. Students will have the opportunity to engage in an exciting enrichment opportunity in which they will experience the joy of theater and the performing arts. Every student will get a chance to participate. A camp fee of \$10 includes a t-shirt, scripts and program supplies. Program will be held from 12:30-4:30 pm (Snacks are strictly prohibited in the auditorium.) Families will be invited to see students perform a small skit on Friday. Don't miss this opportunity!

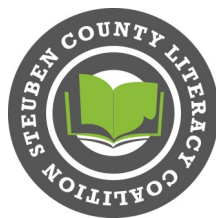


*\*Camp Fees are due upon registration and are non-refundable, except in the event of a cancellation by SCLC.*

**Applications accepted on a first  
come, first serve basis.**

**Please send or drop off this  
application, and payment to  
our office (address below) or  
fax a copy at your earliest  
convenience.**

**For more information, please  
contact the Steuben County  
Literacy Coalition office!**

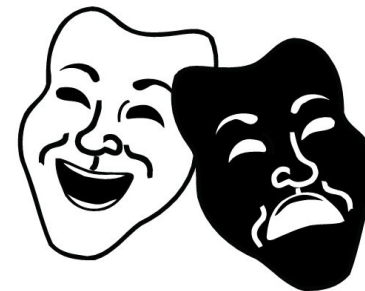


**Steuben County Literacy Coalition**

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# STEUBEN'S GOT DRAMA?



**SUMMER  
CAMP**

**Week 1: July 8-12 (Grades 5-8)**

**Week 2: July 15-19 (Grades 1-4)**

**12:30-4:30 pm, Monday-Friday**

**Location: Steuben County Community  
Center Auditorium (Old High  
School)**

**Cost: \$10 per student (Includes T-shirt,  
scripts, and program supplies)**

**\*Due upon registration**

# STUDENT REGISTRATION

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Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

School Attending: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Township (if in Steuben County): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

*Emergency Contact During Camp Hours:*

Name (Other than Parent/Guardian): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list any medical conditions or allergies (including food allergies): \_\_\_\_\_

\_\_\_\_\_

Week attending program (Check One):

\_\_\_\_ Week 1: July 8-12 (Entering Grades 5-8)

\_\_\_\_ Week 2: July 15-19 (Entering Grades 1-4)

T-Shirt Size: \_\_\_\_\_

I, (parent/guardian) \_\_\_\_\_ hereby consent to the photographs, videotapes, motion picture films and/or biographical information for which my child's (*name*)

\_\_\_\_\_ posed, and/or writings and/or audio recordings made of my child's voice may be used by Steuben County Literacy Coalition (SCLC), in whatever way they deem necessary for communication, media relations and advertising, which may include, but is not limited to, print media, television, SCLC collaterals, SCLC advertising and SCLC website; furthermore, I hereby consent that such photographs, films, recordings or writings and the plates, tapes or disks from which they are made shall become the property of SCLC. SCLC shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, writings, plates, tapes and disks as they deem necessary, free and clear of any claim whatsoever on my part.

I (We) do hereby state that I/we are the parent/guardian(s) of a minor, who resides with me (us) at provided address. I (We) authorize anyone who is authorized to represent SCLC at Steuben's Got Drama, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the continental USA. It is understood that this is for emergency medical treatment in the event I (we) are unable to be contacted.

Child's Doctor \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_

The Steuben's Got Drama and SCLC administration will make a conscious effort to ensure that the students and staff are safe from harm or injury while participating in Steuben's Got Drama. However, SCLC and the Steuben County Community Center, will not be held liable for injury or accident occurring during the program.

I have read the above information and fully understand the above statements.

\_\_\_\_\_  
Signature of Parent or Guardian

Participants will be selected on a first come, first serve basis. All participants will be notified prior to their camp week.