



Drama Camp: July 15 to July 17, 2016 **Registration Form**

What: *Madagascar*

Who: Whole Family

(Parent(s)/guardian(s) and siblings **are encouraged** to participate to make this a family co-op program.)

When: Schedule is different for the different days of the camp (see below)

Friday, July 15

- Children (5-18 years old): 10:00am to 12:00pm
- Adults (19 years old and up): 2:30pm to 4:30pm

Saturday, July 16

- Dress Rehearsal with the entire cast (all participants): 12:45pm to 5:00pm
At New Hope Church: 2190 Peralta Blvd., Fremont, CA 94536 (next to FCSN center)

Sunday, July 17

- Rehearsal and performance (all participants): 4:00pm - 8:30pm.
 - ❖ Rehearsal at the center from 4:00pm - 5:30pm
 - ❖ Potluck at 5:30pm
 - ❖ Show starts at 7:00pm at New Hope Church (We will walk next door after potluck.)

(All FCSN members and friends are welcome to the FREE show. Potluck Dinner Before Show.)

Where: FCSN Dream Center, 2300 Peralta Blvd., Fremont, CA 94536

Contact: Kelly Ko at afterschool@fcsn1996.org or 510-739-6900 x3318

Cost: \$40 per student + his/her family. **Additional \$25 registration fee for FCSN non-members.**
Please make check payable to "FCSN", memo Drama Camp & send to 2300 Peralta Blvd., Fremont, CA 94536

Registration Deadline: We must receive form and payment by June 13. First 40 students with special needs will be guaranteed a spot. Register today!

Families are required to volunteer for at least one of the following categories:

- ___ Set Building- set designing, gathering materials, painting etc...
- ___ Tech Crew- Help with moving of set pieces, props, sound & lighting as needed etc... (needs lots of help)
- ___ Makeup and face-painting
- ___ Costuming- Help with sewing, design, cutting, etc....
- ___ Refreshments- Daily help with snacks, set up and clean up duties
- ___ Ushers- seating patrons for show and helping where needed
- ___ Choreography - Helping with teaching dance steps to cast, assisting
- ___ Photographer- Take pictures during rehearsal and during production
- ___ Donation of \$100 (FCSN non-profit Tax ID: 77-0446853)
- ___ Other Volunteer positions (please explain): _____

If your student is interested in auditioning for a major role in the play, please indicate here. (Circle one) Yes or No. *Students with special needs will be given higher priority to be placed in a role over typical family members. Also only special needs students will have buddy helpers.*

Auditions will be held on Monday June 20, and Tuesday June 21, 7:30pm – 8:30 pm at FCSN Dream Center.

Student's name (Last, First): _____

Sex: M F **Age:** ___ **Date of Birth (mm/dd/yy):** _____ **Diagnosis:** _____

Mother's (Guardian) Name: _____

Father's (Guardian) Name: _____

Home #: _____ **Cell #:** _____ **Work #:** _____

E-mail: _____

Emergency Contact: _____ **Relationship to Child:** _____

Home Phone #: _____ **Cell Phone #:** _____

Is the student verbal? ___ **Does the student have behavior we should be aware of?** _____

If yes, please indicate: _____

Allergies? _____

How many other family members will join? ___ **Names/relationship to student:** _____

2016 Release Form

To be completed by Parent(s) or Guardian(s)

I, the undersigned, individually and as Parent(s) and Guardian(s) of

(Students' Name and all participating family members)

ask that he/she/they be admitted to participate in *FCSN Drama Camp 2016*. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless FCSN, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said student(s)/participant(s) arising out of the participants' attendance at the *FCSN Drama Camp 2016* or in the course of activities held in connection with the camp. Additionally, I/we authorize *FCSN* to photograph, videotape, and/or audiotape the student in promotion of future *FCSN Drama Camps*.

Both signatures are required:

Father's (Guardian) Signature:

Date:

Mother's (Guardian) Signature:

Date:

Parent(s) / Guardian(s) are not required but **are strongly encouraged** to stay with the student to maximize benefit of the camp.

If the student will be dropped off and picked up by someone other than the parent(s)/guardian(s), please fill out the following information. (Student will not be released to anyone not designated by parent/guardian.)

Name of person(s) who will be dropping off and picking up student each day:

Name

Phone Number

Relationship to student(s)