

# **BARRINGTON ENRICHMENT SUMMER THEATRE CAMP 2020**



**Ages 8-18**

*Camp is held at the Barrington High School  
Tech and performances at the Barrington Library Auditorium*

## Session A

|        |             |
|--------|-------------|
| Week 1 | July 6-10   |
| Week 2 | July 13-17  |
| Week 3 | July 20-24* |

## Session B

|        |               |
|--------|---------------|
| Week 4 | July 27-31    |
| Week 5 | August 3-7    |
| Week 6 | August 11-14* |

Any questions regarding Theatre Camp, or if your child is new to the program, and you have any concerns at all, please contact 'BEST Camp' Director, Kelly McCabe at: [Kelly.CommunityTheatre@yahoo.com](mailto:Kelly.CommunityTheatre@yahoo.com)

## **BARRINGTON ENRICHMENT SUMMER THEATRE CAMP 2020**

### **REGISTRATION FORM- PLEASE PRINT CLEARLY**

### ***PERFORMANCES***

- Monday-Friday & One Saturday at the end of the 3<sup>rd</sup> and 6<sup>th</sup> session for performances (\*Saturday July 25 & Saturday August 15)
- Friday July 24 and Saturday August 14, campers have the option to stay through until performances with parental permission
- Children will perform plays in the evening of July 24<sup>th</sup>/25<sup>th</sup> if they are signed up for the first 3-week session and August 14<sup>th</sup>/15<sup>th</sup> if they are signed up for the last 3-week session.

**ACTOR'S NAME:** \_\_\_\_\_

Allergies / Medical Conditions / Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ Grade (as of fall 2020): \_\_\_\_\_

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

Parent's Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Parent's Email (Required): \_\_\_\_\_

Actor's Email: \_\_\_\_\_ Actor's Cell: \_\_\_\_\_

Initial one: \_\_\_\_\_ **Yes, I give permission for my child to be photographed**  
\_\_\_\_\_ **No, I DO NOT give my permission for my child to be photographed AT ALL**  
\_\_\_\_\_ **My child may only be photographed for production photos (but not posted)**

Parent / Guardian (print): \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_

**Emergency Contact Information:**

Name of Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Additional Pick Up's:**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please register by the Tuesday prior to the week you are signing up

**FEE STRUCTURE FOR SUMMER BEST CAMP**  
**\$175 RESIDENT / \$185 NON-RESIDENT**

**EACH SESSION = 3 1-WEEK INCREMENTS**

8:00am - 3:00pm (FULL DAY ONLY)

**Lunch 11:00-12:00** (Please bring a bagged lunch)

**Choose one or more:** Note: Must sign up for all 3 sessions to participate in Evening Performances

**Session A**

\_\_\_\_\_ Week 1 July 6-10  
\_\_\_\_\_ Week 2 July 13-17  
\_\_\_\_\_ Week 3 July 20-24\*

**Evening Performances for Session A**  
**July 24 & July 25**

**Session B**

\_\_\_\_\_ Week 4 July 27-31  
\_\_\_\_\_ Week 5 August 3-7  
\_\_\_\_\_ Week 6 August 11-14\*

**Evening Performances for Session B**  
**August 14 & August 15**

\_\_\_\_\_ **TOTAL**

Please make checks payable to "TOWN OF BARRINGTON" and return to:  
Recreation Department, Barrington Town Hall 283 County Road Barrington, RI 02806  
[recreation@barrington.ri.gov](mailto:recreation@barrington.ri.gov)

FOR OFFICIAL USE ONLY: AMOUNT PAID \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \$ \_\_\_\_\_

## 2020 BARRINGTON RECREATION SUMMER CAMP CODE OF CONDUCT

As we welcome your children into our summer camps, we expect a certain level of behavior that will be enforced and encouraged. The expectation is that campers will behave appropriately with all members of the day camp and respect the counselors and camp equipment.

Our staff will use a positive approach to discipline and will seek parental support to resolve behavior issues that are disruptive to the camp. Campers who continue to be disruptive after consultation may be dismissed from the program. If you feel it will be beneficial to speak with the Recreation Director, please contact Michele Geremia at 401-247-1900 x9.

We will review the Code of Conduct with your child on the first day of camp, so he/she fully understands our expectation. By providing you with a copy, we can work together to create a respectful atmosphere, which will lead to both a positive and enjoyable camping experience for all.

1. Show respect to all campers and staff, and treat them, as you would like to be treated.
2. Come to camp each day prepared to cooperate by taking part in activities that have been selected for that day.
3. Respect the rights of other campers and treat each other with courtesy, consideration and respect.
4. Communicate in an appropriate manner. Inappropriate language, harsh words or gestures are not part of our camp experience.
5. Conduct yourself responsibly by understanding that horseplay, teasing or picking on any individual or bullying will not be tolerated.
6. Behaviors such as hitting, pushing, kicking, fighting or name-calling is unacceptable.
7. Use program equipment, supplies and facilities, appropriately. Return any equipment or material to its proper place after use.
8. Each person is responsible for his/her own behavior and proper behavior leads to a great summer of fun.
9. Each camper is responsible for applying and re-applying sun protection. Your child needs to know this is important to their safety outdoors and is their responsibility.

### Barrington Enrichment Summer Theatre Camp Waiver Form 2020

1. I, the parents/guardian of the named child (ren), hereby give my approval for his/her participation in any/all activities during the Barrington Recreation Department's 2020 programs. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child (ren).

2. **MEDICAL CONDITIONS:** Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the Recreation Department does not receive specialized training for various special needs but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

3. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the Town of Barrington Recreation Department involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care - RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, and that he assumes all risks that arise from, but not limited to, those risk factors described above.

4. **RELEASE:** The undersigned releases the Barrington Recreation Department and the Town of Barrington, its employees and agents, and agrees not to sue them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

5. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

6. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement.

7. **WITHDRAWAL & REFUND POLICY:** Withdrawals from camp sessions must be submitted in writing. Refunds will be processed within the following guidelines:

- Refund requests filed **30 days prior** to the start of the registered camp session will receive 100% of the Total Fee **less a \$30 Processing Fee**
- Refund requests filed within **15 – 29 days prior** to the start of the registered camp session will receive 50% of the Total Fee **less a \$30 Processing Fee**
- Refund requests filed within **14 days** of the start of the registered camp session **will not receive a refund**

Parent / Guardian (Signature) : \_\_\_\_\_

Parent / Guardian (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

## What to expect at B.E.S.T Theatre Camp

- Please register by the Tuesday prior to the week you are signing up.
- Camp is held at the Barrington High School (primarily in the auditorium).
- Tech and performances are held at the Barrington Public Library auditorium.
  - Tech will be the last 2 days of each Session (weeks 3 and 6); camp will start at 9 these days, but you may still drop off your camper at 8 at the playground next to the library).
- Children are encouraged to bring a lunch to camp each day (lunch and free-time from 11-12)
- Dropoff is 7:45-8am in front of the main entrance to the High School.
- Campers will then head inside for warmups and games, then split into rehearsals and workshops.
- There will be a group activity culminating in an in-camp performance each week.
  - These will vary from week to week, and include (but are not limited to) Disney/Musical Mashups,
  - Lip-sync concerts, small scenes and monologues, and fight choreography)
  - Parents are welcome to attend these in-camp performances (which typically take place 11:30-12).
- One-Week campers will participate in workshops, group activities, and in-camp performances but will not be in the evening performances.
- The first 2 days of each session will involve auditions – these will consist of games, monologues, and readings from the scripts.
- Each Wednesday, campers are encouraged to dress “wacky” for “Wacky Wednesday” (this can be coming in a costume or simply doing something wacky with your attire: mismatch, backwards, pajamas, etc).
- If you have any further questions, contact Kelly at [Kelly.CommunityTheatre@yahoo.com](mailto:Kelly.CommunityTheatre@yahoo.com), or check out our website ([BarringtonCommunityT.wixsite.com/BarringtonTheatre](http://BarringtonCommunityT.wixsite.com/BarringtonTheatre))

### Receipt

*Parents: Please retain a copy of this completed form for your  
Child and Dependent Care Credit for your tax purposes*

*Please retain a copy of all 4 pages of this application for your future reference*

Name of Camper: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Parent: \_\_\_\_\_

Credit Card: \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Town of Barrington Tax I.D. No.: 056000024