

GRAYSON PERFORMING ARTS CAMP

**Information
for Parents/Students
Grayson Performing Arts Camp
June 4-16, 2017**

Thank you for your interest in our Theatre camp. Please complete this form and bring to camp.

This form includes the following:

1. Completed Audition form (can be emailed, or bring 4 copies with you to camp)
2. Medical Emergency Form and information
3. Waiver, Indemnification, and Medical Treatment Authorization Form
4. Parental Authorization & Request for Student Pickup/Drop Off
5. Final Check-list
6. General Information for Parents and Students regarding camp

If you have not paid for your deposit or full tuition, please go to:

<http://www.cwlgcc.org/courses/all-courses/personal-enrichment/summer-youth-program/>

If you have not completed the online form of basic information for the camp director to use, please go to this link:

https://docs.google.com/forms/d/1nG_Y4xfuXSPHdnZE3AU50FodQJM8YZDtMo27-5JNEB4/viewform

Direct Camp Questions to:

BK Goodman- Camp Director
Theatre Director
Phone: 469-328-1275
its6319@gmail.com

Camp Liaison:

Alison Trapp
Phone: 903-815-6411
[Alison Trapp](#)

2017 GPAC Audition Form

DEADLINE: **May 1, 2017**

GO TO FILE. MAKE A COPY. SAVE TO YOUR OWN COMPUTER; YOU MAY NOT HAVE EDITING PRIVILEGE FOR THIS DOCUMENT.

Instructions for all applicants:

- Complete the Audition Form. Complete ALL sections of the form: incomplete forms will not be accepted.
- Type all information on the form; **hand-written forms will not be accepted.**
- Make sure you and your parent have signed the form.
- After you have made a copy and completed the form, go to FILE, DOWNLOAD AS PDF to email.
- ***IMPORTANT: Save the file as [lastname.firstname](#)***
- ***Email the PDF to its6319@gmail.com with your first and last name as the subject line.***

2017 GPAC Audition Form

DEADLINE: May 1, 2017

Email to its6319@gmail.com



INSTRUCTIONS - SAVE A COPY OF THIS APPLICATION IMMEDIATELY. Click File, Download as **Microsoft Word** and complete both pages of this form. Complete ALL sections of this form; incomplete forms will not be accepted. This form must be typed. Hand-written forms and old forms will not be accepted. Do not attach separate sheets of paper to this form; use no staples. **Do not reformat this form in any way. Save AS A PDF ONLY!!** Right click image to right to replace with your photo.

1. PERSONAL INFORMATION

NAME (First / Middle / Last)			DOB	AGE	SEX (M / F)
HOME STREET ADDRESS				HEIGHT	WEIGHT
CITY	STATE	ZIP CODE	HAIR COLOR	EYE COLOR	
EMAIL ADDRESS		HOME PHONE NUMBER		CELL PHONE NUMBER	

HIGH SCHOOL	
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2. GPAC INFORMATION (Indicate by typing a UPPERCASE X for all that apply)

I WILL AUDITION FOR ___ Acting Roles ___ Technical Roles			
AREAS OF INTEREST			
PERFORMANCE	ACTING	SINGING	DANCING
TECHNICAL	LIGHTING	SOUND	COSTUMING
SET DESIGN	STAGE MANAGEMENT		OTHER
Are you willing to cut or dye your hair?	YES _____		NO _____

3. RESUME

Do not write, "See attached." Any attached list will be discarded. Complete resume in the space provided beginning with the most recent work.

PRODUCTION	POSITION / ROLE	PRODUCING ORGANIZATION

Will you accept any role given to you? YES _____ NO _____

Tips on your audition –

1. Start with a Slate
 - a. Example – “Hello My Name is Betty Sue and I will be performing August Osage County. ”
2. Make sure that you take a beat between your slate and beginning your monologue.
3. Body - feet naturally on the ground, neutral arms, a smile...Any character driven movements need to be well thought out.
4. It is okay if you mess up...it happens. Take a deep breath and pick up where you left off.
5. Monologues DO NOT need to be longer than 1 minute in length.
6. A contemporary monologue is one that is not a classic (Ex. No Shakespeare, Greek, etc.)
7. Say thank you after your performance has ended.

The directors are looking for several things while in auditions. The best way to land an audition at camp is to be calm, cool, and collected. The Directors want to see if you are the type for the role, have the work ethic to achieve growth, and can commit to a believable character.

Clothing –

Professional Dress is expected at your audition

Please do not wear clothing that is restricting or revealing during your audition. Shoes should be of normal height and hair should be held out of the face.

Complete and bring to camp.

Medical Emergency Information/Consent for Treatment



Youth's name: _____

Address: _____

Date of birth: _____

Parent/guardian phone: Home _____ Work _____ Pager/Cellular _____

Medical Information

Allergies: _____

Current medications: _____

Chronic illnesses (i.e. asthma): _____

Date of last tetanus booster: _____

Physician: _____ Physician telephone number: _____

Insurance Information

Does youth have health insurance? No _____ Yes _____

Medical insurance company: _____ Tel. no. _____

Group number/ID number: _____ Name of insured: _____

Person(s) to Notify in Case of Emergency:

Name: _____ Relationship: _____

Street Address: _____

Phone: Day _____ Evening _____ Pager/Cellular _____

Second contact (if first person unavailable)

Name: _____ Relationship: _____

Phone: Day _____ Evening _____ Pager/Cellular _____

Consent for Medical Treatment:

The attending physician, appropriate staff, Grayson Performing Arts Camp, Grayson College and their Board of Trustees, officers, employees, representatives and/or agents, and their heirs, successors, and assigns, shall not be responsible in any way for any consequence from diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

The Grayson Performing Arts Camp and Grayson College do not carry medical insurance for participants in any of its programs. It is recommended that you have appropriate medical coverage for your child.

I, as parent/legal guardian, grant permission for my child _____ to receive medical treatment.

Signature of parent/legal guardian

Date

DRUGS/MEDICINE THIS STUDENT TAKING:

Complete and bring to camp.



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Grayson Performing Arts Camp (herein referred to as “activity”), which is sponsored by Grayson College (herein referred to as “sponsor”), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, Grayson College, the Board of Trustees for Grayson College, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to play rehearsals, set construction, movement class, swimming, volleyball and dancing, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy (or limited insurance policies) covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover ALL claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For participants engaging in activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the college. **For participants going on fieldtrips or other activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity. **I give permission for this participant to ride in a Grayson College vehicle for purposes of transportation during the span of this camp. Also, I give permission for this participant to ride with the Camp Staff in a personal vehicle to help move props and scenery for this camp if necessary.**

7. SOVEREIGN IMMUNITY. Sponsor asserts it's rights to sovereign immunity to legal action, and by signing this document, participants and participant's parents and/or legal guardians acknowledge the sponsors right to sovereign immunity.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.

SIGNED this _____ day of _____, 20_____.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____

(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____

(If Participant is under 18 years old)

INSTRUCTIONS: (1) The document should be printed in a font size no smaller than 10-point type. This is 10-point type. This is 12-point type. (2) The formatting/font style (***bolded, underlined, and italicized***) in paragraph nos. 1, 2, 5 & 6 should not be altered.

Complete and submit upon arrival June 4.

Parental Authorization & Request for Student Pickup/Drop Off

Dear Parent(s)/Guardian(s):

During the residential stay of the Grayson Performing Arts Camp, your son/daughter will be living at the Dorms for two weeks. Through their stay, there may be times when you might need him/her to attend a family gathering or another event. In order for the Grayson Performing Arts Camp to release him/her, we ask that you provide a listing of those persons that will be allowed to pick up your child, or give your son/daughter permission to take their own vehicle to the event. Please list exact times and dates the students will be away from camp at another event:

Date _____ Time of departure _____ Time of return _____
Date _____ Time of departure _____ Time of return _____
Date _____ Time of departure _____ Time of return _____

Son/Daughter's Name _____

I, _____ And _____ grant permission
(FATHER/MALE GUARDIAN) (MOTHER/FEMALE GUARDIAN)

for the following people to pickup and drop off my son/daughter from the Grayson Performing Arts Camp. I understand that only the people I have listed may pick up or drop off my son/daughter after I have notified the Grayson College Department of Theatre by phone at 903-463-8609 at least two days in advance. If there is an emergency please contact the office immediately. Please include any siblings that may be dropping off or picking up.

PLEASE PLACE YOUR INFORMATION IN THE FOLLOWING TABLE
THE FOLLOWING PEOPLE ARE ALLOWED TO PICK UP YOUR SON/DAUGHTER

Name & Relationship	Address	Telephone Number

Signature

Date:

General Information for Parents and Campers

Heeeelllllooooo Campers!

We are all very excited about your attendance at the Grayson Performing Arts Camp 2017! It is going to be a great experience and we want to make sure you make life long memories!

We have included information about several things in this letter, so be sure and read it carefully with your parents.

Attached items are:

1. Rough Schedule
2. What to Bring to Camp
3. Frequently Asked Questions
4. Tips on your Audition
5. Audition Form
6. Admissions Policy
7. Balance of what I owe?
8. Where to check in on Sunday, June 4 between 12-3pm- Viking Dorm (#16) which is located on north east part of campus. See attached map.

You will need to **print these attachments and complete them before** you come to camp. If you have any questions or need further assistance, please feel free to contact us!

Also, follow us on Facebook!

Thanks,
GPAC Staff

Amy Jordan- Camp Director ajordan@denisonisd.net 903-818-0432 cell
B.K. Goodman- Co Camp Director its6319@gmail.com 469-328-1275 cell
Alison Trapp College Liaison matthewst@grayson.edu 940-594-0172 cell

Rough Schedule of Camp

- o **Sunday, June 5 (between 1-2 pm) Check in to camp (parents say “goodbye”)**
- o **Sunday, June 5 @ 2:30- General Assembly**
- o **Sunday, June 5 @ 3pm- Auditions begin. (Actors will perform a prepared one minute monologue) Tech students will work with Tech Director**
- o **Daily: Breakfast at 8 am. Workshop classes in the mornings. Rehearsals in afternoon. Classes before Dinner. Dinner. Rehearsals until 9pm. Lights out at 10 pm**
- o **Performances for the public and parents: Friday, June 17 at 1 pm**
- o **Friday June 17 Check out of dorms 10 pm - Optional**

What to Bring

- o **Paper work**
 - o Front and back copy of camper’s health insurance card
 - o Signed Liability Release and Emergency Information
 - o Proof of Auto Insurance (if leaving car at camp)
- o **Extra-long twin-size bedding** (sheets, blankets, pillow, etc.)
- o **Hand soap**
- o **Toilet Paper**
- o **Towels**
- o **Any necessary medications**
- o **Alarm clock**
- o **Watch** (or cell phone with clock)
- o **Rehearsal materials**
 - o Pens
 - o Pencils
 - o Highlighters
 - o Notebook
 - o Bag or backpack to keep them in
- o **Clothes for two weeks or laundry items**
 - o Detergent
 - o Dryer sheets
 - o Washing Machines and Dryers are available free of charge
- o **Hygiene Items**
 - o Deodorant
 - o Soap
 - o Sanitary Napkins
 - o Toothbrush & Toothpaste
 - o Shampoo & Conditioner
 - o Razor
 - o Toilet Paper
- o **Rehearsal Clothing** (*Actors only*)

- o Must allow for movement
- o No jeans
- o No flip flops for rehearsals or movement class. Bring shoes you can move in.
- o Women: Black character shoes (if you own them already).
- o Women: at least one white or beige bra/underwear that is not a “sports bra”
- o Black dress shoes (*men*) dress shoes, white dress shirt, dark dress pants. (if you own them)
- o *Stage makeup kit – There will be an order placed at the beginning of camp if you need one. Make check payable to Batts AVL for \$16.50.*
- o **Performance Clothing** (*Tech Students only*)
 - o Black shirt
 - o Black pants
 - o Dark socks
 - o Dark shoes
- o **Work clothing** (*Tech Students only*)
 - o Tennis or work shoes
 - o Old t-shirt (for painting in)
 - o Jeans or other work pants

Recommended

- o **Cell phone charger**
- o **Bug spray**
- o **Sunscreen**
- o **iPod, camera, batteries**
- o **Snacks**
- o **Refillable water bottle**
- o **Umbrella or raincoat**
- o **Lamp**
- o **Power strip**
- o **Other bathroom items**
 - o Blow dryer
 - o Curler or straightener
 - o Personal make up
 - o Wash rag
 - o Shower shoes
 - o Toilet paper

FAQ 's -

I need to mail a package to my student while they are at camp. Where do I send it?

Please use the address below. Mail is distributed during General Assembly each day.
STUDENT NAME c/o Tenna Matthews Camp Director
Grayson College | 6101 Grayson Drive (Hwy. 691) | Denison, Texas 75020

Do the boys and girls live together in the same dorm?

While the campers will be housed in the same dorm they are strictly divided by floor level. There is a Male and Female dorm supervisor that live on each floor whose only job is to monitor and ensure the safety of these students. In addition there are camp counselors, teachers, and directors living on each floor ensuring this separation. No males are allowed on the female floor and no females are allowed on the male floor whether they are a student or staff member. Anyone who breaks this rule will be expelled from camp.

How long does the monologue have to be that we do on the first night?

We ask the monologue be no longer than 1 minute. The only restriction on the type of monologue you perform is that it NOT be a classical monologue (Shakespeare, Greeks, etc.)

Do I need to bring dress clothes for my audition?

Yes! First impressions are very important in the world of theatre.

Do I need to provide my own Theatrical Make-Up?

Yes, you need to bring your own make-up kits. If you do not have one, you can buy one at camp. Kits are \$16.50.
Please make checks payable to Batts AVL.

Who will be contacting me if there are any behavior problems or emergencies that arise once my child is at camp?

Minor infractions will be dealt with by the supervising adult of the activity or dorm supervisor. Major infractions will be dealt with by the Camp Coordinator.
Any issues or emergency will be documented and parents will be notified if their student needs medical attention or removal from camp.

Will I need money at camp?

Meals are covered. Students might want money to buy things at the bookstore or purchase the Camp Photo CD for \$15 but no additional fees will be charged once at camp. Also student makeup kit is \$16.50 if students wish to buy their own kit.

ADMISSIONS POLICY

ATTENTION ALL APPLICANTS: Please read and think about our camp's Admissions Policy prior to submitting your application.

By applying to attend GPAC my parents and I fully agree to the following:

1. I may be cast as a character with different gender, culture or age.
2. I am in excellent health and am capable of handling a demanding physical role.
3. I agree to leave all electronic gaming consoles at home and will consistently concentrate my mental and physical energies on theatre studies during the camp.
4. I agree to refrain from using or possessing cigarettes, alcohol, and all other mind altering substances while attending GPAC, with the exception of prescribed medication accompanied by doctor's note.
5. I understand that once I am cast in a particular show, that I will commit to work with my group on that particular show. There will not be an opportunity to "switch plays".

Parent Signature _____ Date _____

Student Signature _____ Date _____



Checklist for Camp

- _____ The non-refundable **\$300 deposit** must be paid by *May 1, 2016*. Checks should be made out to Grayson College, or the deposit can be paid online at _____
- _____ **Medical Emergency Information/Consent for Treatment** bring to camp at check in
- _____ Attach a list describing any medications that this student is currently taking.
- ===== **Waiver, Indemnification, and Medical Treatment Authorization** form **MUST** be completed, signed by a parent or legal guardian, and submitted upon arrival at check in.
- _____ A copy (front and back) of the student's medical insurance card must be submitted upon arrival at check in.
- _____ **Parental Authorization and Request Form for Student Pickup/Drop Off** should be submitted on June 5 **only if** a student needs to leave the camp at any time after registration and before the end of camp.
- _____ **Audition Form** must be completed emailed prior to check in. Please attach a photo on form only.
- _____ The tuition balance is due at registration on June 5 or can be paid online.
The tuition balance can also mailed prior to the beginning of camp or paid online at: