



Teen Theater Summer Camp at the 14th Street Y 2014

Last Name _____ First Name _____ Age _____ Preferred Gender O M O F

Date of Birth ____/____/____ Grade in September '14 _____ Address _____ Apt # _____

City _____ State _____ Zip Code _____ School Attending _____

Session Enrollment: The dates for this program are July 7th through July 18th. Classes are Monday-Friday. You must enroll for the full term of the Teen Theater Summer Camp at the 14th Street Y. Enrollment will not be pro-rated. The additional Musical Theater Intensive is July 21st through July 25th.

PARENT OR GUARDIAN INFORMATION:

Parent 1

Name: _____ Relationship _____

Home # _____ Cell # _____

Work # _____ Profession: _____

Place of employment: _____

Email Address: _____

Student Lives with O 2 parents in one home O 2 parents in two homes O 1 parent O other: _____

Parent 2

Name: _____ Relationship _____

Home # _____ Cell # _____

Work # _____ Profession: _____

Place of employment: _____

Email Address: _____

Emergency Contact (*in case we can't reach participant's parent*)

Name: _____ Relationship _____ Name: _____ Relationship _____

Phone # _____ Cell # _____ Phone # _____ Cell # _____

Referrals:

How did you hear about the Teen Theater Summer Camp? (check all that apply)

- ☐ Amas Musical Theater
- ☐ MCC Theater
- ☐ Red Fern Theater
- ☐ The 14th Street Y Website
- ☐ The 14th Street Y email
- ☐ Web search
- ☐ Was referred by friend/family (please let us know who referred you so we can properly thank them! _____)
- ☐ Other (please specify _____)

PARTICIPATION INFORMATION:

The Teen Theater Summer Camp **will not** provide bussing to/from daily activities. Participants will be expected to arrive by no later than 9:55am in order to full participate in the day's activities, and will be dismissed by no later than 4:30pm. Parents must sign below to acknowledge that they understand that they are responsible for their teen's transportation to/from the 14th Street Y every day of the program. All students will be released into their own custody at the conclusion of the Institute day. In the event of early dismissal due to illness or injury, parents will be notified before the student is released..

Lunch **will not** be provided for participants. All students should bring their own lunch. Water and snacks will be provided. We are a nut-aware facility, so we do not allow peanut butter or other nut products.

I understand that my teen will be released into his/her own custody at the end of the day. O Yes

Signature: _____
(Parent or guardian)

Phone # _____
(During the day)

I give permission to publish my teen's name and phone number in an Institute roster: Yes____ No____.

Signature of parent or guardian _____ Relationship _____ Date _____

Sample Daily Class Schedule – Teen Theater Summer Camp*

10:00am to 10:30am	Gathering and warm up in the theater
10:30am to 12:30pm	Class One - Full Group
12:30pm to 1:00pm	Lunch
1:00pm to 2:30pm	Class two - Breakouts: Acting/Musical Theater/CIT Advanced Acting
2:30pm to 2:45pm	Break
2:45pm-4:15pm	Class Three - Full Group
4:15pm-4:30pm	End of Day Reflection/Game/Activity

*Please arrive by 9:55am, and be ready to go at 10:00am

Breakout classes will be assigned by preference, on a first come first serve basis.

Please choose ONE of the following breakout sessions:

- ☐ Acting and Improv Skills
- ☐ Musical Theater
- ☐ CIT Advanced Acting (CITs only)

Sample Daily Class Schedule – Amas Musical Theater Intensive*

10:00am to 10:10am	Group Session
10:10am to 11:45am	Technique - Singing
11:50am to 1:05pm	Technique - Dancing
1:10pm to 1:45pm	Lunch
1:55pm to 3:10pm	Technique - Acting
3:15pm to 4:30pm	Performance Skills and Staging

Medical Information

All students are required to have a **Department of Health Medical Forms** (separate form signed by both your doctor and yourself). Forms are available for downloading on our website at www.14streety.org/teens. **Medical forms are due to the TTSC office by June 15, 2014.**

In order for your teen to have the most successful summer, **please inform us of any special services he/she receives at school** so we can collaborate with you to make sure your student's specific needs are met:

If your teen is sick and will not be attending classes on any day, please contact the Institute office at 646-395-4322.

Parental Guardian Consent:

I give my permission for my teen (name)_____:

I understand that the **14th Street Y** may **photograph and/or videotape all students** in Teen Theater Summer Camp activities and use these photographs/videos for promotional and archival purposes without any financial obligation to the student or parents. Permission is granted to the staff to exhibit or reproduce any artwork done by the student without any financial obligation to the student or parents. **Illness or injury:** In case of illness, accident, or injury of any kind to the student while attending The Teen Theater Summer Camp, permission is granted for the staff to take the student to the Institute nurse. The nurse may call a doctor or have the student taken to a nearby hospital for emergency treatment. It is understood that the Institute staff and nurse will make every effort to reach a parent/guardian or emergency medical contact in the event of illness or injury to a student. If a student receives emergency medical attention resulting from an illness, accident or injury at Teen Theater Summer Camp, parents/guardians will assume all medical costs. **Cancellations and refunds:** A withdrawal for any reason will cause a forfeit of deposits and fees. There are no refunds or transfer of funds to other Y programs. Failure to pay in full according to the stated schedules will result in my teen being withdrawn from the 2013 Teen Theater Summer Camp program with a complete loss of fees paid. If the Y cancels a program, refunds will be issued. There is a \$20 fee per returned check or reversed credit card. The 14th

Street Y reserves the right to request withdrawal of a student at anytime during the duration of the Institute. In that event, parents or guardians will be responsible for payments covering the portion of the Institute attended. I will inform the 14th Street Y in writing of any changes in family, address, telephone numbers and email addresses.

Parent/Guardian's Signature _____ Relationship _____ Date _____

The following information is optional, confidential, and for statistical purposes ONLY:

Ethnicity: ☐ Asian ☐ Black ☐ White ☐ Hispanic ☐ Other _____ **Religion:** ☐ Jewish Synagogue: _____
☐ Interfaith ☐ Other _____ ☐ None

Household Income: ☐ \$ 0 - \$39,999 ☐ \$40,000- \$74,999 ☐ \$75,000 - \$99,999 ☐ \$100,000 - \$124,999 ☐ \$125,000 +

Calculation of program costs. Please use the rates chart below for reference.	
Registration Fee	\$ _____
Tax deductible contribution to Teen Theatre Summer Camp scholarship fund	\$ _____
TOTAL	\$ _____

Contributions

We rely on your **tax deductible** contributions to enable students from economically disadvantaged families to attend the Institute. Any amount is greatly appreciated.

Payment Plans

Payment in full is due by June 1, 2014.

Minimum deposit due at the time of registration is \$450, with any remaining balance due by June 1st, 2014

Credit Card Authorization I _____ authorize the 14th Street Y to charge my credit card \$ _____ for the Teen Theater Summer Camp for my teen: _____'s

☐ full payment.

☐ deposit of \$450 with remaining balance to be paid by June 1st, 2014.

Please charge my:

☐ MasterCard ☐ Visa Card Number: _____ Exp. Date: ____/____ Security Code _____

Cardholder's Name (as it appears on card): _____

Cardholder Signature _____ Date ____/____/____

If you are writing a check, please make all checks payable to: **The 14th Street Y** MEMO: Teen Theater Summer Camp

Please mail **your application and medical form** to:
 Teen Theater Summer Camp, 14th Street Y
 344 East 14th Street, New York, NY 10003
 c/o Ashley Thaxton

Questions? Please contact us at (646) 395-4322 or email artists@14streety.org
 More info is available at www.14streety.org/teentheater

REGISTRATON FEES	Dates	Non – Y Member Regular	Non – Y Member Early Bird*	Y Member and Alumni Regular	Y Member and Alumni Early Bird*
All 3 weeks Incoming 6-9 th grade	July 7-25 th	\$1,250	\$1,150	\$1,150	\$1,100
All 3 weeks Incoming 10 th - 1 st year HS grads	July 7-25 th	\$1,050	\$1,000	\$1,000	\$950
Teen Theater Summer Camp Incoming 6-9 th grade	July 7-18 th	\$900	\$850	\$850	\$800
Teen Theater Summer Camp CIT Program Incoming 10 th – 1 st year HS grads	July 7-18 th	\$650	\$600	\$600	\$550
Amas Musical Theater Intensive: Incoming 6 th – 1 st year HS grads	July 21-25 th	\$550	\$500	\$500	\$450

*Early Bird Rates apply to those who have registered and paid in full by April 1st 2014.

Some limited scholarships are available.

Please contact the camp office at (646) 395-4322 or email artists@14streety.org

