



Summer Camp

GEORGIA SHAKESPEARE

Elementary School Students

Middle School Students

Monday-Friday, June 21st –July 2nd, 2010
 Mornings from 9:00 – 12:00
 Tuition: \$250
No Audition Required

Monday-Friday, July 5th-July 16th, 2010
 Mornings from 9:00-12:00
 Tuition: \$250
No Audition Required

Camper's Name: (one child per form) _____

Home Address: _____
 Street

 City State Zip

Phone: _____ Grade Entering in Fall (circle) 2 3 4 5 6 7 8
 2nd Phone: _____ Homeschool

Email: _____ Date of Birth: _____

Guardian Name(s): _____

Guardian Address: *(if different from camper)* _____
 Street
 Work Phone: _____
 City State Zip

Emergency Contact: _____
(Alternative to adult(s) listed above)

Relationship to Camper: _____

Home Phone: _____ Cell Phone: _____

Carpool:

My child may be dropped off and/or picked up by the following drivers in addition to those listed above:

Name: _____

Phone: _____

Name: _____

Phone: _____

Experience of Camper:

List Shakespeare titles you are familiar with:

List acting classes you have taken:

List productions you've appeared in:

Questions?

Call Georgia Shakespeare Education: 404-504-3401

Email: allen@gashakespeare.org

Mail this application and completed health form with full tuition payment of **\$250** to
Georgia Shakespeare, care of Allen O'Reilly, Education Department.
includes \$25 non-refundable processing fee in case of cancellation

Address:

**Georgia Shakespeare at Oglethorpe University
4484 Peachtree Road, NE
Atlanta, GA 30319**



Summer Camp

GEORGIA SHAKESPEARE

AT OGLETHORPE UNIVERSITY

HEALTH AUTHORIZATION FORM

Please list allergies, physical limitations or any other medical concerns:

Prescription Medication Authorization: (Please Initial)

(This section should only be filled out for those children who are prescribed on medication)

_____ Yes, Georgia Shakespeare is authorized to administer my child the following medication:

Medication: _____

Dosage: _____ Time of Dosage: _____

Non-Prescription Medication Authorization: (Please Initial YES or NO)

_____ Yes, Georgia Shakespeare is authorized to administer my child first-aid treatment for minor abrasions, minor ailments, insect bites and stings with non-prescription medication such as “Benadryl” and “Tylenol.”

_____ No, Georgia Shakespeare is NOT authorized to administer my child first-aid treatment for minor abrasions, minor ailments, insect bites and stings with non-prescription medication such as “Benadryl” and “Tylenol.”

Insurance Company: _____ Policy Number: _____

Policy Holder’s Name: _____

Physian’s Name: _____ Phone: _____

Hospital: _____

Parent/ Guardian Signature: _____ **Date:** _____