

# District 117 Theatre Camp

Daniel Esquivel, daniel.esquivel@chsd117.org  
Ariel Mozes, ariel.mozes@chsd117.org  
Wanda Teddy, wanda.teddy@chsd117.org

The district summer program exists to build a more comprehensive community between District 117 and the feeder middle schools. Through the development of independent work, the students become leaders in all schools, working to build the indelible links between theatre skills and life skills. We will instill leadership, creativity, and collaboration on this scale in order to create a generation of engaged citizens in and out of school who have the distinct ability to use theatre skills to overcome real life obstacles. Equally the middle and high schoolers will be given every opportunity to bridge the gap between high school and middle school, allowing them to foster relationships, exercise compassion, and experiment artistically in a low-stakes environment where community is the emphasis. This program is designed to not only benefit the individuals artistically and holistically, but work towards a more united community, ultimately helping all members permanently.

## **Summer Camp Dates and Fees**

Antioch Community High School

June 11-June 28, 2019

Fee for camp is \$100

Participants will receive a camp shirt and snacks

**Make checks payable to: ACHS**

**Mail registration and checks to:**

**Antioch Community High School**

Attn: Ms. Wanda Teddy

1133 S. Main Street

Antioch, IL 60002

\*Camp Fee is nonrefundable after start of camp

\* Participants must pay fee before participating

## **Theatre Registration and Waiver (detach and return with payment prior to camp start)**

Student's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone# \_\_\_\_\_

Email \_\_\_\_\_

Grade \_\_\_\_\_ (2019-2020 school-year)

Gender and Pronouns \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Circle the Adult T-shirt size desired:    S    M    L    XL    XXL    XXXL

I hereby release the District 117 Board of Education, its employees and/or agents from all claims on account of any injuries, which may be sustained by my child, and I agree to indemnify the Board of Education, its employees and/or agents from any claim, which may hereafter be presented to our child as a result of any injuries. If medical attention is required for injury or illness while in camp, I give permission for such medical care.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_