

# Columbia Gorge School of Theatre--Enrollment

Mail completed application and payment to mailing address: **CGST, 1381 Snowden Road, White Salmon, WA 98672, USA**

You can also **Fax** application with credit card information to **509-493-1501** or **Email** to **bluemoon91@aol.com** .

**Camp sessions and performances take place at Concordia University, 2811 NE Holman Street, Portland, OR 97211**

Contact Info: 1-800-405-3450 / 1-509-493-1213 / [www.TheatreCamp.com](http://www.TheatreCamp.com) / [BlueMoonJan@gmail.com](mailto:BlueMoonJan@gmail.com)

## The Basics

Student's Full Name: \_\_\_\_\_

Session Number: (1st Choice) \_\_\_\_\_ (2nd Choice) \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age in Summer \_\_\_\_\_

Fall Grade Level: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Parent email: \_\_\_\_\_

Student email: \_\_\_\_\_ School \_\_\_\_\_

**Please Attach Student Photo Here (including Alumni!)----->**

Are you an alumnus? \_\_\_\_ What previous year(s) did you attend? \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Parent Cell Phones: \_\_\_\_\_

Alternative Emergency Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

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Are you an American Citizen? \_\_\_\_ If not a citizen of the US: Country of Birth \_\_\_\_\_ Country issuing passport \_\_\_\_\_

How did you hear about CGST? \_\_\_\_\_

## Medical Stuff

Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_ Insurance Company Address: \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_ Insurance ID number \_\_\_\_\_

Medication Allergies (list) \_\_\_\_\_

Food Allergies (list) \_\_\_\_\_ Other Allergies (list) \_\_\_\_\_

Special eating requirements: \_\_\_\_\_

Physician \_\_\_\_\_ Ph. \_\_\_\_\_ Dentist \_\_\_\_\_ Ph. \_\_\_\_\_

**Medications:** Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication(s) to last the entire time at camp. Keep it in the original bottle that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and the frequency of dosage.

**Please check one:** \_\_\_\_ This person takes NO medication on a routine basis. \_\_\_\_ This person takes medication as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Time to be taken \_\_\_\_\_ Reason for med \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Time to be taken \_\_\_\_\_ Reason for med \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Time to be taken \_\_\_\_\_ Reason for med \_\_\_\_\_

Please put parent initials next to each medication below that the student is allowed to take in recommended doses if they do not bring their own supply to camp (we might substitute generic versions):

Tylenol \_\_\_\_\_ Advil \_\_\_\_\_ Benadryl \_\_\_\_\_ Pepto Bismol \_\_\_\_\_ Cough Suppressant \_\_\_\_\_

What should the camp know about the camper's past medical treatments, behavior, physical, emotional or mental health?

Immunizations, including Tetanus \_\_\_\_\_

**Theatrical History** (It's okay if you don't have any experience.)

Plays/roles/name of theatre: \_\_\_\_\_

Dance experience/training: \_\_\_\_\_

Singing experience/training: \_\_\_\_\_

Voice type (soprano, alto, tenor, bass, etc.) \_\_\_\_\_ Range (if known) \_\_\_\_\_

**Personal Information**

What are your interests and goals in the theatre? \_\_\_\_\_

Why do you want to attend CGST? \_\_\_\_\_

What are some of your hobbies, other than theatre? \_\_\_\_\_

**2012 Sessions (CIRCLE your 1st Choice and 2nd Choice)**

Session 1 --Youth Workshop--1 Week	Age 8-11	June 25-30	By Oct 31 \$699/	By Dec 15 \$719/	By Mar 15 \$739/	After Mar 15 \$759
Session 2-- Acting Workshop--1 Week	Age 11-18	June 25-30	By Oct 31 \$699/	By Dec 15 \$719/	By Mar 15 \$739/	After Mar 15 \$759
Session 3--Musical Theatre Workshop--1 Wk	Age 11-18	June 25-30	By Oct 31 \$699/By Dec 15 \$719/	By Mar 15 \$739/	After Mar 15 \$759	
Session 4--Two Week Session--2 Weeks	Age 11-18	July 2-14	By Oct 31 \$1629/By Dec 15 \$1679/	By Mar 15 \$1729/	After Mar 15 \$1779	
Session 5--TV/Film Session--2 Weeks	Age 11-18	July 16-28	By Oct 31 \$1629/By Dec 15 \$1679/	By Mar 15 \$1729/	After Mar 15 \$1779	
Session 6--Four Week Session--4 Weeks	Age 11-18	July 2-28	By Oct 31 \$3239/By Dec 15 \$3309/	By Mar 15 \$3379/	After Mar 15 \$3449	
Session 7--Advanced Track--5 Weeks	Age 11-18	June 25-July 28	By Oct 31 \$3739/	By Dec 15 \$3809/	By Mar 15 \$3879/	After Mar 15 \$3949

Sessions 1 through 5 perform on Saturday morning, 10 am, last day of session. Session 6 performs twice, July 27 at 7 pm and July 28 at 10 am. Sessions 7 Advanced Track performs 3 times, June 30 at 10 am; July 27 at 7 pm and July 28 at 10 am.

To receive the Early Bird prices, you must pay 50 % by the deadline. If 50% down is not possible, monthly payment plans can be arranged with Jan James, Executive Director (800-405-3450 or bluemoon91@aol.com .

- \$ \_\_\_\_\_ TUITION; Includes meals, snacks, housing, supervision, t-shirt, 45/week classes/rehearsal, & theatre/film production.
- \$ \_\_\_\_\_ DISCOUNTS; 5% discount for alumni; \$50 discount for enrolling with a friend.
- \$ \_\_\_\_\_ CGST HOODY (optional); \$49; \_\_\_\_\_ HOODY SIZE
- \$ \_\_\_\_\_ PDX PICKUP; Will you need to be picked up at the Portland Airport (PDX)? \$85 round trip or \$60 one way (circle one).  
Remember to email (bluemoonjan@gmail.com) or fax (509-493-1501) your flight information ASAP.
- \$ \_\_\_\_\_ TOTAL; Minimum due 50%--balance is due 30 days after deposit unless monthly payment arrangements are made with Jan James.

Pay by check, VISA, or MasterCard.

Credit card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Billing Address \_\_\_\_\_

**The Legal Stuff - please read before signing!**

\_\_\_\_ We, the undersigned hereby declare that this enrollment sheet to the Columbia Gorge School of Theatre (CGST) is complete and accurate to the best of our knowledge. In signing this form, we acknowledge that we have read the policies of CGST, and agree to abide by them. Consent is hereby given for the applicant, while a student at CGST, to participate in radio and television programs, without compensation, and for photographs taken at CGST to be used in CGST - approved publicity. We understand and approve of the fact that students will be transported via cars, vans, and/or buses driven by CGST staff. CGST is not responsible for lost or stolen items.

As participants in the activities contracted for or associated with CGST, I assume for myself, my family, including minor children, full responsibility for any injuries or damages which may occur to us while engaging in the contracted events and do fully and forever release CGST, its owners, employees and agents from any and all claims, demands, damages, rights of action or causes of action present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of participation in any activity, or use of the facilities, equipment and property of CGST. I understand that I am solely responsible for all medical expenses incurred by me while enrolled in CGST. The above health history is correct and complete to the best of my knowledge, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to CGST to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. Authority is hereby granted without limitation to the camp and its assigns to make decisions and/or authorize treatment of the above named camper with regard to all medical, surgical or dental matters that may arise while the camper is in the care of CGST including, but not limited to, all matters regarding hospitalization, surgery, injections, medication, and/or anesthesia. All campers must have medical insurance.

During the camp sessions, the camper and their parent(s)/guardian(s) agree to abide by the camp standards and guidelines. This includes the standards that campers may not smoke cigarettes, drink alcohol, use illegal drugs, engage in romantic contact, nor engage in any other inappropriate behavior while attending CGST. Failure to follow the rules of CGST is grounds for expulsion without refund. Any extra expenses incurred after expulsion will be the responsibility of the parent(s) or guardian(s).

Each student must send at least 50% payment with this application. The balance will be due in 30 days, unless your session starts in less than 30 days. If you are unable to pay 50% with this application, monthly payment plans can be arranged with Jan James, Executive Director at BlueMoon91@aol.com or 800-405-3450.

Refund policy: 90+ days before camp starts: 50% of total tuition. 60 - 89 days before camp starts: 50% of total tuition. 30 - 59 days before camp starts: 25% of total tuition. Less than 30 days before camp starts: 0% of total tuition. Please note that at CGST we encourage hugs, though they are always optional. We understand that Linklater Voice class includes optional, supervised massage work. We enthusiastically wish to enroll the above named student, and look forward to a great summer!

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_