



June 13th through 17th at the CCHS Auditorium

Dear Parents,

Campbell County Theatre Arts is excited to host its first Drama Camp June 13 through June 17 at Campbell County High School.

Drama Camp offers a unique opportunity for students from Kindergarten through 8th grade to learn the basic skills of acting, dance, improvisation and technical theater. The camp runs from 9 a.m. to 1 p.m. Also, on Friday, June 17 at 6 p.m there is a performance for the campers to show off their work throughout the week.

Classes are taught by experienced members of the High School Drama Department under the supervision of the theater faculty of CCHS. Our curriculum corresponds with the Kentucky State Standards for Theater Education. The cost is \$100 per child and all proceeds are used to support the future productions of Campbell County Theatre Arts. All of our instructors and supervisors are volunteers.

To register, please send this form with your registration fee to:

Campbell County High School
 Attn: Campbell County Theatre Department
 909 Camel Crossing
 Alexandria, KY 41001

Please make all checks payable to CCHS Drama and be sure to fill out and sign the insurance waiver on the back.

For additional information, please email claire.lanicca@campbell.kyschools.us or check out cctheatrearts.org

PARENT OR GUARDIAN: _____

Student Name: _____

Age: _____

Address: _____

Phone: _____

e-mail: _____

T-shirt size (circle one):
 YM YL S M L XL XXL

Course Selection: Please identify your 1st, 2nd, and 3rd choice. We will always try to accommodate 1st and 2nd choices, but sometimes student courses need to be adjusted because of enrollment.

Class Selection: Ages 5-9

- _____ Acting
- _____ Dance
- _____ Selling the Song

Class Selection: Ages 10 and up

- _____ Acting
- _____ Dance
- _____ Selling the Song
- _____ Improvisation
- _____ Make-up
- _____ Technical Theater

Insurance Waiver:

I give my son/daughter permission to participate in the 2022 Summer camp and will not hold the Campbell County Schools or its staff responsible for any accident or injury to my son/daughter. In the event of possible injury, I give my permission for the admission of emergency medical care.

Signed: Legal Guardian

Insurance Name & Policy #

Emergency Contact (Name & Number)

Any medical conditions, allergies, or information you feel is necessary to share:
