



SCCT SUMMER CAMP APPLICATION

Please submit one application per child.

Student Information

Name:

Address:

Age: School and Grade:

Allergies or other medical issues:

Parent/Guardian Information

Name:

Relationship to child:

Address:

Home Phone:

Cell Phone:

Email address:

Emergency Contact Information (please list two)

Name:

Home Phone:

Cell Phone:

Name:

Home Phone:

Cell Phone:

Participation Agreement and Accident Waiver and Release of Liability Form

I hereby give my permission for my child, _____, to participate in SouthCoast Children’s Theatre’s (hereafter SCCT) Summer Camp. I recognize that theatrical activities involve some physical risk. In consideration of my permitting my child to participate, I agree to indemnify and hold SCCT, its board of directors, officers, producers and contractors free and harmless from any and all claims, losses, damages, recoveries, settlements and expenses of any nature or kind which may be incurred by participation in SCCT’s Summer Camp. I hereby assume, on behalf of my son/daughter, all of the risks of participation in SCCT’s Summer Camp.

I hereby certify that I have disclosed any and all health-related reasons or problems that may preclude or limit my child’s participation in this camp. This includes (but is not limited to) disclosure of any allergies, neurological disorders, physical and/or psychological limitations. By signing below I agree to the Covid policy provided with this application.

I hereby give SCCT permission to seek medical attention for my child that may become necessary as a result of injury, accident and/or illness. I have provided emergency contact information in the application for the SCCT Summer Camp.

I give permission for photographs/videos to be taken of my child during classes, rehearsals and performances, and for those photos or videos to be used by SCCT for promotional purposes, including posting on the SCCT website. (www.southcoastchildrenstheatre.com)

Signature of Parent/Guardian

Date

FEE: \$350/Two Week Session

Please mail signed application and \$100 deposit (made payable to SCCT) to: SCCT, P.O. Box 51201, New Bedford, MA 02745

Application Deadline: July 19th.
Balance of tuition will be due on the first day of camp.

The following individuals are authorized to pick up my child from camp:

**If there is anyone who is not authorized to pick up your child from camp, please indicate that person(s) name below.

SCCT CAMP COVID POLICY

1. Prior to bringing my child to camp, I agree to take my child's temperature, and if s/he has a temperature reading of 100.0 ° or higher, I agree to keep my child at home.
2. If my child has any symptoms of COVID-19, which include but are not limited to a fever, cough, loss of taste or smell, nausea, vomiting, diarrhea or shortness of breath, I agree to keep my child home and not send him/her to camp.
3. Parents and campers must follow the most recent CDC guidelines for quarantine regarding exposure to a COVID-19 positive individual.
4. Masks will be required for entry into the camp facility.
5. During lunch, campers will be assigned a specific seat, properly distanced from other campers and will put masks on immediately after eating. There will be no talking during lunch time when masks are not being worn.
6. Please provide your child with at least two additional masks in the event one breaks.
7. Campers will be required to wash their hands and use hand sanitizer often throughout the day.
8. All surfaces will be sanitized by camp staff on a daily basis.
9. Should a camper become ill during camp, that child will be kept at a safe distance from other campers until a parent or guardian arrives to bring the child home.
10. All positive cases must be reported to SCCT for contact tracing requirements per the guidelines of the State of Massachusetts.
11. Should the camp be required to close due to a positive COVID case refunds will be made on a prorated basis. All deposits are non-refundable. The balance will be refunded 10% per day for the remaining camp days. For example, should the camp close after a full first week, a refund of 50% will be made. If camp shuts down after day 3, a 70% refund will be made.
12. These guidelines are subject to change and will follow all State of Massachusetts guidelines.

Signature of Parent/Guardian

Date