



2018 TJHS Theatre Department
Current 5th/6th Grade Summer Drama Camp
Tomball Junior High, 30403 Quinn Road, Tomball, TX
Phone: 281-357-3000

Dear Parents, Guardians and Students,

I would like to invite current 5th/6th grade students to participate in the TJHS Summer Theatre/Drama Camp: June 10– 13 and June 17 -20, 2019. We will be offering a summer drama camp to intermediate students to give them an opportunity to participate and experience theatre.

Our summer camp will be filled with acting exercises and training, including voice, physical activities and tech. Each acting student will have a scene on which to work during the camp, which will culminate with a public performance for family and friends!!!

Camp will start at 1:00 pm and go until 5:00 pm. Thursday, June 20, there will be a final theatrical performance at 7 pm. **Cost for the camp this summer will be only \$160.** A snack break, t-shirt and pizza party (time of party TBD) are included in the price.

To register your student, please fill out the registration and medical release forms. Then bring that and payment to Tomball Junior High. For any further questions, please contact me by email: charlesricketts@tomballisd.net or leave a message with us at the Theatre Dept.

Please return both forms to Tomball Junior High by Friday, May 17.

***Camp must have at least 10 to 20 students enrolled, otherwise it will be cancelled and all money will be returned. **NO REFUNDS. ALL PAYMENTS ARE FINAL UNLESS ENROLLMENT STATED ABOVE IS NOT MET.**

We are looking forward to a wonderful, exciting and successful Theatre/Drama Camp! COME JOIN THE FUN!

Chuck Ricketts
Director of TJHS Theatre

TOMBALL I.S.D. 2019 SUMMER DRAMA CAMP REGISTRATION FORM for CURRENT 2018/2019 5th, 6th, 7th and 8th Graders

WORKSHOP SESSION DATES AND DAILY SCHEDULE:

June 10-13, June 17-20 Workshop A 7th and 8th Graders (8:00 -NOON)
June 10-13, June 17-20 Workshop B 5th and 6th Graders (1:00-5:00)

*Each workshop day consists of (4 hours per day). ***Time of Pizza Party TBD

REGISTRATION AND TUITION:

Registration Begins: April 1

*Camps may fill up quickly, so
please register by Friday, May 17, 2019
***30 students maximum in each camp

Registration forms can be mailed/turned in to:

Chuck Ricketts TJHS Theatre Director
Tomball Junior High School
30403 Quinn Rd.
Tomball, TX 77375

****TUITION:**

*Submit check made out to "TJHS" along with Registration Form (below);

Workshop A 7th and 8th Grade 2 week Session: **\$160.00**

Workshop B 5th and 6th Grade 1 week Session: **\$160.00**

***Classes must have at least 10 to 20 students enrolled, otherwise it will be canceled and all money will be returned.

++++PLEASE SUBMIT PAYMENT AND COMPLETED FORMS TO TOMBALL JUNIOR HIGH
BY FRIDAY, MAY 17, 2019.

QUESTIONS: If you have any questions about the classes, please call or email:

TJHS Theatre Director Chuck Ricketts at (281) 357-3000, ext. 4478 or charlesricketts@tomballisd.net

----- detach and mail/turn in below -----

TOMBALL JUNIOR HIGH 30403 Quinn Road, Tomball, TX 77375

Name: _____ Birthdate: _____

Gender: Boy Girl (circle one)

Workshop Choice: (circle one) **A** 7th and 8th Grade 2 week Session **B** 5th and 6th Grade 1 week Session

Class Level: (circle one) Current 5th grader Current 6th grader Current 7th grader Current 8th grader

CAMPUS: _____ (circle one) Tomball Intermediate Oak Crest Intermediate Northpointe Intermediate

Creekside Park JH Tomball Junior High Willow Wood JH

Complete Address: _____

Parent Phone Numbers: Mother's Cell _____ Dad's Cell: _____

Home: _____ Work: _____

E-Mail Addresses: _____ ; _____

Shirt size: (circle one) Youth Large Adult Small Adult Medium Adult Large Adult Extra Large

Insurance Carrier and Policy Number: _____ ; _____

Parental Consent and Waiver of Liability Statement:

I give my child consent to participate in the TISD Summer Drama Camp. I release Tomball ISD, Chuck Ricketts, and his volunteers from any and all liability should my child be injured during any of the workshops.

*Parent/Guardian Name (PRINT) _____

*Parent/Guardian Signature: _____ Date: _____

**TOMBALL I.S.D. 2019 SUMMER DRAMA CAMP REGISTRATION FORM
for CURRENT 2018/2019 5th, 6th, 7th and 8th Graders**

FORM CHECK LIST

Bottom of Drama Camp Brochure _____

Medical Form _____

Payment for Camp _____

**TOMBALL INDEPENDENT SCHOOL DISTRICT
2019 TJHS DRAMA CAMP MEDICAL FORM**

Dear Parent/Guardian:

Your child has the opportunity to participate in the TJHS Drama Camp. To be able to do this you must complete the form below and return it to the event sponsor no later than **Friday, May 17, 2019**. It must be completed and signed and turned in with your camp payment before your student will be allowed to attend TJHS Drama Camp.

Student Name _____ Grade _____

Student ID # _____

Date of Birth: _____ Male/Female Current Campus (Please Circle) : TIS TJHS NPI CPJHS WWJH OI

Home Phone: _____

Address: _____ City: _____

Zip: _____

Email address: _____ or _____

Father/Stepfather: _____ Work # _____ Cell#
Number _____

Mother/Stepmother: _____ Work # _____ Cell#
Number _____

Alternate Emergency Contact: _____ Phone # _____

Relation _____

Medical Information about student:

Insurance Provider: _____

Policy # _____

Existing medical condition/s: _____

Date of most recent Tetanus/Td Booster: _____

Allergies: _____

Medication/s taken routinely: _____

Special considerations: _____

My student, _____, has my permission to participate in the TJHS Drama Camp.
(Print name)

Please be prompt in picking up your students.

Name of Sponsor: Chuck Ricketts
(over)

I, the undersigned, do hereby authorize officials of the Tomball I.S.D. to contact persons named on this sheet in the event of illness, injury and/or inappropriate behavior of my child. If I or persons named on this sheet cannot be reached, T.I.S.D. school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health and safety of said child. I realize that this form does not abrogate or modify my rights as a parent/guardian of a minor. I have voluntarily signed this form to facilitate and expedite the treatment of my child. I will not hold the Tomball I.S.D. or the school official(s) financially responsible for the emergency care and/or transportation of said child.

Date

Signature of Parent/Guardian