Western Washington Center for the Arts

521 Bay Street
Port Orchard, WA

360.769.7469
www.wwca.us

LEGALLY BLONDE The Musical JR.

Summer Theater Camp for Children/Youth 13 - 18 years of age

Monday, July 11th- Friday, July 15th 10am-1pm
Monday, July 18th- Friday, July 22nd 10am-1pm

PROGRAM COST
$300 before June 27th
$325 after June 27th

Summer Camp Covid Policy

Campers will wear masks for camp day rehearsals. Masks are not required for performances. On the first day of each camp week, campers must provide a negative covid test taken within the last 72 hours or provide proof of vaccination at the start of camp. The dates for Winnie The Pooh Kids include Monday, June 11th & Monday, July 5th. The dates for Legally Blonde include Monday, July 11th & Monday, July 18th.

PERFORMANCES
Friday, July 22nd at 7pm
Saturday, July 23rd at 7pm
Sunday, July 24th at 2pm
Friday, July 29th at 7pm
Saturday, July 30th at 7pm
Sunday, July 31st at 2pm

Registration Form

Please fill out this portion and mail with check payable to "WWCA."

Participant's Name:_____

Age: _____

Parent's Name:_____

Address: _____

_____

Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Email: _____

Emergency Contact: _____

Emergency Phone: (_____) _____ - _____

Physician's Name: _____

Physician's Phone: (_____) _____ - _____

It is the goal of WWCA to provide children the valuable growth experience of putting on a complete musical theatre production, working as a team and playing all the parts themselves. We are excited about this enrichment opportunity and look forward to having your child participate.

T-shirt size (please circle one):

Child: S M L Adult: S M L

Release of liability statement:
I am the parent/legal guardian of the named registered student, a minor. I request the said student participate in WWCA's workshop and hereby release staff for any and all liability for any injury which might occur in connection with such participation. I authorize WWCA staff and certified emergency personnel to act on my behalf with regard to emergency medical treatment for named registered student and I understand any costs related to such treatment are my responsibility I authorize the use of photos and videos of my child for promotion purposes related to this workshop.

_____ _____
Signature of Parent/legal guardian Date