



## Performing Arts Camp for Youth – 2009!

*Push Pins* is the Educational Division of **PUSH Physical Theatre**, where kids can dream and do! To find out more about PUSH, visit [pushtheatre.org](http://pushtheatre.org) or call **(585) 278-0123**.

**Train in the following art forms**, at our 5<sup>th</sup> annual summer camp:

- Physical Theatre
- Mime
- Dance
- Acting
- Tae kwon do

### Instructors include:

- Co-founder of PUSH Physical Theatre, Heather Stevenson
- Company members of PUSH Physical Theatre
- Friends of PUSH; highly qualified performing arts instructors

### Special Events: (families welcome to observe)

- **PUSH Physical Theatre Performance**, 10am, June 29<sup>th</sup>  
[www.pushtheatre.org](http://www.pushtheatre.org)
- **Drum & Percussion Event by Rhythm Connect**, 10 and 11am, June 30<sup>th</sup>  
[rhythmconnect.org/](http://rhythmconnect.org/)
- **In Jest, Comedy Juggler**, 10am, July 1<sup>st</sup>  
[injest.com](http://injest.com)
- **Camp Variety Show**; all campers welcome to perform, 10am, July 2<sup>nd</sup>  
more information and sign-up at camp.
- **Student Showcase and Dessert Reception**, 5:30-7:00pm, July 3<sup>rd</sup>, Camper Pizza Dinner included. Families, please join us to see your kids in action and have dessert with us. More details will follow on first day of camp.

### Camp Details:

**Dates:** June 29<sup>th</sup> through July 3<sup>rd</sup> **Times:** M-Th, 10am-4pm; Fri, 10am-7pm

**Ages:** 5-15 (age appropriate classes)

**Locations:** 1<sup>st</sup> Presbyterian Church, 25 Church St, Pittsford, NY 14534

Campers, ages 13-15, are brought to PUSH's rehearsal space at 359 West Bloomfield Rd. Pittsford, NY 14534 from 1-3:45pm. They'll be back at 1<sup>st</sup> Pres for 4pm pick-up.

**Food:** Morning and Afternoon refreshments provided. *Bring your own bag lunch.*

**Dress Code:** Wear clothing that allows you to move freely!

Dress modestly. You may find yourself upside-down! No bare midriffs.

**2009 PUSH Pins Summer Arts Camp**  
 Registration Form. Limited Enrollment. Don't Delay.

<b>Child's Name:</b>			
Parent/Parents Names:			
Mailing Address:			
Age:	DOB:	Sex: M / F	Grade entering:
Home Phone #:		Mobile phone #:	
E-mail Address:			

<b>2<sup>nd</sup> Child's Name:</b>			
Age:	DOB:	Sex: M / F	Grade entering:
<b>3<sup>rd</sup> Child's Name:</b>			
Age:	DOB:	Sex: M / F	Grade entering:

1) Art experience/training:

2) How did you hear about PUSH Pins Camp?

3) Anything you would like to share with us, regarding your child/children:

**Registration Fee:** \$10 per family (in addition to enrollment fee)

**Enrollment fee** for one camper: \$200

Our gift to you: 2<sup>nd</sup> camper in the same family is \$125; 3<sup>rd</sup> camper in the same family is \$100, No charge for 4<sup>th</sup> child in the same family! (Please use back of form if registering a 4<sup>th</sup> child)

-Limited scholarships available. Please inquire.

**\*Register on or before May 20<sup>th</sup> and receive a \$20 additional discount off entire bill.**

Make checks payable to: *PUSH Physical Theatre*



**PUSH Physical Theatre  
CONSENT AND MEDICAL RELEASE FORM**

Dear Parent/Guardian,

Your son/daughter is eligible to participate in a 5 day physical theatre intensive that requires vigorous exercise. This activity will take place under the guidance of adults from PUSH Physical Theatre and staff. A brief description follows:

Activity: **PUSH Pins Performing Arts Camp 2009**  
Location: 1. First Presbyterian Church, 25 Church Street, Pittsford, NY, 14534  
2. PUSH rehearsal space, at 359 West Bloomfield Rd. Pittsford, NY 14534  
Start Date: Monday, June 29<sup>th</sup> 2009  
End Date: Friday, July 3<sup>rd</sup> 2009

If your child may participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent/guardian, you remain fully responsible for any liability, which may result from personal actions taken by your son/daughter. If your child brings or uses any drugs, alcohol, weapons, or tobacco products or engages in reckless or violent behavior, you will be expected to retrieve your son/daughter from the facility.

Driving Consent for campers with PUSH Pins Camp Drivers: to and from camp as requested, and transporting to and from 1<sup>st</sup> Presbyterian Church and the PUSH rehearsal space (for teen class only) at Walnut Hill Church on West Bloomfield Rd.

I hereby consent to the participation of my child, \_\_\_\_\_, in the event described above. I further consent to the conditions stated above regarding participation in this event.

I realize that there are certain risks inherent in the practice of physical theatre and hereby release PUSH Physical Theatre and their agents and volunteers from responsibility for any injuries which may be incurred by my son/daughter.

I give permission for my child, in case of emergency, to be taken to a physician or hospital by either a PUSH Physical Theatre member, or other appointed responsible adult while in training. I understand that **every effort** will be made to contact me. *If I cannot be reached*, however, I hereby give permission to the physician selected by the adult in charge, to hospitalize and secure proper treatment, including surgery, for my son/daughter.

Parent/Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

**Please Print Clearly**

Participant's Full Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)' Name(s) \_\_\_\_\_

Home Number \_\_\_\_\_ Daytime number of Parent \_\_\_\_\_

Emergency Contact other than parent \_\_\_\_\_ Phone \_\_\_\_\_

Any allergies or medical, physical, or dietary restrictions/requirements (use back of form if needed):

\_\_\_\_\_  
Medications presently taking (including over-the-counter medications):

\_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy ID Number \_\_\_\_\_