



Fairfax High School's  
**1-DAY DRAMA CAMP**



When: Tuesday, November 7th  
*(this is a Student Holiday/Teacher Work-Day)*  
 Times: 9:00am – 3:30pm at FHS  
 For: Students in Grades 1-8  
 Cost: \$50 (\$30 for FCPS employees)  
 Theme: **COMIC-CON**

**THE STAFF:** Mr. Erich DiCenzo, FHS Theatre Director, is the Camp Director. The FX Players, our dedicated and talented high school theatre students, are the Counselors. Parents from the Theatre Boosters will be on hand as Chaperones.

**THE CAMPERS:** will be divided into groups according to current grade levels.

**REGISTRATION:** Online registration ([www.fxplayers.org](http://www.fxplayers.org)) is highly recommended or complete the attached registration and emergency forms and mail **with** payment by October 30th. You will receive a confirmation email when registration and payment have been received.

**Note:** A parent or caregiver will be required to enter the school to sign the campers in & out.

**THE SCHEDULE:** Camp is from 9 a.m. to 3:30 p.m. The whole group will be together for an opening. Then, each age group will follow its own schedule of activities - such as acting, musical theatre, props, costumes, and dance. Parents are invited to watch the campers perform what they've learned in the Auditorium at 3:00.

**LUNCH:** Campers must bring their own lunch and drink and will eat with their Counselors in the cafeteria.

If you have any questions, please email [fhsdramacamp@gmail.com](mailto:fhsdramacamp@gmail.com)  
**Registration is available on-line at: [www.fxplayers.org](http://www.fxplayers.org)**

OR

Complete the form below and the Emergency Care form on back and mail **with check made payable to "FHS Theatre Boosters to:**

FHS Theatre Boosters Club  
 3501 Rebel Run  
 Fairfax, VA 22030

Camper Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

School Camper(s) Attend(s): \_\_\_\_\_

**Permissions:**

First Aid: Signing this form grants the staff permission to administer immediate first aid to my child should he/she be injured or become ill during the camp, and if necessary, to call for emergency help.

Photo Release: I give permission for my child(ren) to be photographed for promotional purposes by Fairfax High School Theatre Boosters.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent Email: \_\_\_\_\_ (Confirmation will be sent to this address.)

Parent Phone # \_\_\_\_\_

Person Picking Up Camper (will be required to show ID) \_\_\_\_\_



Fairfax High School Theatre Boosters One-Day Drama Camp  
Camper Emergency Care Form

(Please complete a separate form for each camper.)

Camper's Name(s): \_\_\_\_\_

Camper's Grade \_\_\_\_\_ School Camper Attends \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Parent/Guardian 1 Daytime Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Parent/Guardian 2 Daytime Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Emergency Contacts**

Please list at least 2 people that we may call if either parent cannot be reached who have your permission to make decisions concerning your child in the event of an emergency.

Name	Relationship	Daytime Number
_____	_____	_____
_____	_____	_____

Does camper have any health issues that may need attention during the day?

Allergies (list below)  Asthma  Respiratory  Diabetes  Physical Disability  Other (list below)

\_\_\_\_\_

Does camper need any special accommodations for allergies or other health reasons? Yes No

If yes, explain below:

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_