

# **ALL-CITY ARTS PROGRAM 2010 SUMMER CAMP**

## **When:**

Monday – Friday  
August 9-13, 2010 and August 16-20  
10:00am - 2:00pm

## **Where:**

Cuyahoga Community College – Metro Campus  
Center for Creative Arts  
2900 Community College Ave.

## **Who:**

New and returning CMSD Students  
Entering grades 8-12  
Band, Dance, Vocal, Drumline, Photo, Video

## **What to bring:**

Comfortable rehearsal clothes  
Water & a snack  
All-City notebook & folder

## **Can't make it:**

All-City OPEN HOUSE  
September 29, 2010  
4:00 – 7:00pm  
IDEA Center of Playhouse Square  
1375 Euclid Ave.

Please call Department of Arts Education (216) 574-4326 after July 15 if you have any questions.

**ALL-CITY ARTS PROGRAM  
2010 SUMMER CAMP  
STUDENT INFORMATION SHEET**

NEW STUDENT \_\_\_\_\_ RETURNING STUDENT \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Student ID# \_\_\_\_\_

How did you hear about All-City? \_\_\_\_\_

What will be your MAJOR in All-City? (CHECK ONLY ONE)

\_\_\_\_\_ Dance                      \_\_\_\_\_ Choir                      \_\_\_\_\_ Drum Line

\_\_\_\_\_ Band                      \_\_\_\_\_ Photography                      \_\_\_\_\_ Video Production

**The Official ALL-CITY ARTS PROGRAM**  
**Agreement & Student Activity Participation Waiver**

**STUDENT AGREEMENT:**

I (please print Student's name) \_\_\_\_\_  
have read, and agree to fully abide by the Cleveland Municipal School District's *All-City Arts Program Rules & Criteria of Participation*.

\_\_\_\_\_  
**Signed by Student**

**PARENT AGREEMENT:**

Yes, I am the legal guardian of the student listed above. I understand and accept the responsibility of ensuring that s/he abides by the Cleveland Municipal School District's *All-City Arts Program Rules & Criteria of Participation*. I, also, acknowledge that s/he is responsible for his/her own transportation to and from all rehearsals, performances, and meetings, and failure to abide by the rules could result in her/him being dismissed from the program.

By, also, signing the attached **Student Activity Participation Waiver**, I understand and agree that my child may be photographed and/or recorded for publication or media purposes at any point during the course of the year. I further understand that if I do not sign and return the **Student Activity Participation Waiver** my child will not be permitted to participate in the *All-City Arts Program*.

\_\_\_\_\_  
**Signed by Legal Guardian**

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**\* I am interested in volunteering to help with the All-City Arts Program: \_\_\_yes \_\_\_no**

**Areas of interest include:** \_\_\_\_\_

**My phone number is:** \_\_\_\_\_

**My Address is:** \_\_\_\_\_  
\_\_\_\_\_

# Emergency Medical Form

Student's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zipcode: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Student SS#: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

In Case of an Emergency & the above cannot be contacted, please notify:

1) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

3) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

In case of emergency, I understand every effort will be made to contact me. I also understand this may also include transportation to a Medical Facility. In event I cannot be contracted, I hereby give permission to the Program Director to notify Emergency Medical Services and allow the physician to secure proper treatment which may include hospitalization, anesthesia, surgery, or injections of medication to my son/daughter. I understand that I will be responsible for any charges that may incur in the treatment of my son/daughter under such circumstances.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_