

Western PA Learning Academy
Summer Theater Arts Camp

August 6, 7, and 8 – 9:00 – noon
Open to rising 7th, 8th, and 9th grade students
All sessions held at Fox Chapel Area High School Auditorium
Total cost: \$250

This 3-day intensive workshop will introduce students to the various disciplines associated with musical theater stage production. Students will learn strategies for auditioning, improved vocal technique, improvisation skills and stronger character development. An introduction to the elements of musical theater including costume, lighting, and set design will be covered. The workshop will be run by Dr. Bonnie Pazin, Theater Department Teacher at Fox Chapel Area High School and Mr. Benjamin Murray, Director of Choirs and Musical Producer at Fox Chapel Area High School. This workshop is open to rising 7th-9th graders and a minimum of 15 students must be enrolled for the course to run.

Student Name: _____

Grade Level for 2018/19 School Year (circle one): 7 8 9

Mailing Address _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Please make checks payable to: Fox Chapel Area School District (FCASD)
Submit payment and completed registration form to:

Lisa Gibson
Western PA Learning Academy
611 Field Club Road
Pittsburgh, PA 15238

Questions? Contact Lisa Gibson at lisa_gibson@fcasd.edu or call 412 967-2479.

The well being of any child is a parental responsibility. In an emergency, every effort will be made to contact parent/guardian. Please list two persons who can arrange transportation and care for your child when you are not available.

Relative or Friend: _____ Phone: _____

Relative or Friend: _____ Phone: _____

WESTERN PENNSYLVANIA LEARNING ACADEMY

2018/2019 Program Permission Form

Student Name: _____

I, _____ give permission for my child to attend each assigned date of the Western Pennsylvania Learning Academy Theater Arts Camp. In the event of an emergency, if treatment is required and parents/guardians cannot be notified immediately, I give consent for emergency treatment and transport to the nearest emergency room.

Does your child have any health concerns that would hinder participation in the field experience? _____ No _____ Yes. If yes, please complete the following:

Please indicate if your child has any of the following health concerns:

- | | |
|---|-----------------------|
| _____ Asthma | _____ Inhaler needed |
| _____ Life-threatening allergy to bee sting | _____ Epi-pen |
| _____ Life-threatening allergy to food | _____ Benadryl needed |
| _____ Seizure disorder | _____ Diabetes |
| _____ Allergy to _____ | Other _____ |

Emergency treatment (if needed) _____

Health Insurance: _____

Family Physician: _____ Phone: _____

My signature confirms that my child has permission to participate in all activities on the specified dates. Permission is also granted to share this information with appropriate academy personnel.

Parent Signature _____ Date _____

Cell Phone #: _____ Work Phone #: _____