Two Great High School Theatre Camps at Texas Tech University

July 5 - 17, 2016

February 15, 2016

THEATRE CAMP
Audition, rehearse, and perform in a one act play in the Maedgen Theatre at Texas Tech.

Work with three outstanding directors who have a proven record in UIL One Act Play. Attend morning classes in movement, diction, characterization, makeup and auditioning.

TECHNICAL THEATRE CAMP
Classes will be offered by directors with “winning state” experience in:
Set Design   Makeup   Costuming   Lighting   State Design

All camps enjoy Pizza, Tech Leisure Pool, Tech Rec Center, Night Volleyball and more!

Students: May request a specific roommate.
Resident Campers (housing & all meals) $985
Commuters (lunch & dinner) $685

Teachers: May receive 90 hours of CE credit & 20 hrs. of GT credit from their high school.
Single Room (housing & all meals) $825
Double Room (housing & all meals) $625
Commuters (lunch & dinner) $475

* $25 discount; Directors who attended the October 2015 TTU-UIL Director’s Workshop.

HOLD YOUR SPOT WITH A DEPOSIT OF $250
Please fill out the registration forms below if mailing in with a check.
Online registration link to pay with a credit card will be coming soon.

Texas Tech University also offers high school summer camps for Speech/Debate, and Math.

Visit the Texas Tech UIL Website at www.depts.ttu.edu/UIL for more information.

Theatre camps are made possible in part through a grant from Civic Lubbock, Inc. and Texas Commission on the Arts

Texas Tech UIL – a Division of Institutional Diversity, Equity, and Community Engagement
Texas Tech University
High School Students
Theatre & Technical Theatre Camps

Student Application (Due by June 15)  
Please complete all pages of this application.

Student Information (Please print clearly)

Camp Dates: July 5-17, 2016

Email Address: __________________________________________________

Student’s Name (First): ____________________________ (Last): __________________________

Gender: ______ Male ______ Female  DOB: ____/____/____  Classification in Fall 2016: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Gender: ______ Male ______ Female  DOB: ____/____/____

City: ___________________  State: _______  Zip: __________

School Currently Attending: __________________________

Name of Parent or Guardian (Mother): ____________________________________________

Name of Parent or Guardian (Father): ____________________________________________

Home Phone: (___)________________  Cell Phone: (___)________________

Work Phone: (___)________________  Email: __________________________

Home Phone: (___)________________  Cell Phone: (___)________________

Work Phone: (___)________________  Email: __________________________

Roommate Request Name: ______________________________________________________

T-Shirt Size: ___ Adult S     ___ Adult M     ___ Adult L     ___ Adult XL     ___ Adult XXL

Will you be a resident or commuter? (Please circle one)     Resident     Commuter

PAYMENT:


___ $685 Full registration for student commuters.

___ $985 Full registration for student residents.

Due to University policy, camp personnel can no longer transport participants to or from the airport.

Mail Application and Deposit to:
Texas Tech UIL
Box 45035
Lubbock, Texas 79409

For further information, email karen.ray@ttu.edu or call 806-778-2275, 806-742-2350

Texas Tech UIL – Division of Institutional Diversity, Equity, and Community Engagement
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Teacher Application (Due by June 15)  Camp Dates: July 5-17, 2016

Teacher Information (Please print clearly)  Please complete all pages of this application.

Email Address: ____________________________________________

Name (First): ____________________________________________ (Last): _______________________

Gender: ______ Male  ______ Female

Mailing Address: __________________________________________

City: __________________________ State: _______  Zip: __________

School: __________________________  City: __________

Home Phone: (___)________________  Cell Phone: (___)___________

Work Phone: (___)_______________

How many years have you participated in One Act Play? ______

What area do you feel experienced in?  ___ Lighting  ___ Set Design  ___ Sound  ___ Costume  ___ Make-Up

Roommate Request Name: __________________________________

T-Shirt Size: ___ Adult S  ___ Adult M  ___ Adult L  ___ Adult XL  ___ Adult XXL

Will you be a resident or commuter? (Please circle one)  Resident  Commuter

Room preference (Please circle one)  Private  Double

PAYMENT:


___ $475 Full registration for teacher commuters.

___ $625 Full registration for teacher residents, DOUBLE room.

___ $825 Full registration for teacher residents, PRIVATE room.

Due to University policy, camp personnel can no longer transport participants to or from the airport.

Mail Application and Deposit to:
Texas Tech UIL
Box 45035
Lubbock, Texas 79409

For further information, email karen.ray@ttu.edu or call 806-778-2275, 806-742-2350

Texas Tech UIL – Division of Institutional Diversity, Equity, and Community Engagement
Texas Tech Summer Camp Confidential Medical History Form

Completion of the following, with a photocopy of proof of health insurance must be submitted with the application. If this poses a hardship, call 806-742-2350.

Student’s Name: ____________________________________________________________

Name of Family Physician: ___________________________________________________

Phone: ____________________________________________________________________

☐ Copy of medical health insurance card is attached.

**Directions:** Check any medical conditions that apply and provide a description. If necessary, attach a separate sheet of paper to explain your child’s medical condition or email additional information to: karen.ray@ttu.edu

☐ condition requiring medication ______________________________________________

☐ allergies to food or medications ____________________________________________

☐ current infections, viruses _________________________________________________

☐ emotional or behavioral problems ____________________________________________

☐ recent injuries, illness, operation ___________________________________________

☐ impairment of sight, hearing, speech __________________________________________

**Consent to Medical Treatment**

I, __________________________________________ Parent, Managing Conservator, or Guardian of __________________________________________(Participant) hereby consent to any and all emergency medical treatment needed by said Minor Child as administered by a clinic or attending physician and accept responsibility for full payment of said treatment. I give my permission for this document to be photocopied for medical personnel.

I, the teacher, hereby consent to any and all emergency medical treatment needed as administered by a clinic or attending physician and accept responsibility for full payment of said treatment. I give my permission for this document to be photocopied for medical personnel.

☐ Signature of Parent, Managing Conservator, Guardian, or Teacher: ___________________________ Date: ____________

This form will be used for my child’s enrollment in the Texas Tech Summer Camps, July 5-17, 2016.

*This form is valid only for the 2016 session and date indicated above.*
Texas Tech Release and Hold Harmless Agreement

I, the Parent/Managing Conservator/Guardian, understand that the minor child has the opportunity to participate in Texas Tech Summer Camp, a program for students sponsored by Texas Tech University, Lubbock, Texas from July 5-17, 2016. I hereby affirm that I desire to have my minor child participate in the said program. I give my permission for my minor child to ride in public transportation or in vehicles driven by Texas Tech employees or representatives to and from designated activities. I, the undersigned, am aware of the dangers associated with travel by motor vehicle or other conveyance and the possibility of injuries or death while in transit. I understand that my minor child will participate in general classroom, educational, and camp activities during this program. I am aware of the dangers associated with such activities and the possibility of injuries or even death in such participation. In consideration of allowing my minor child to attend the above mentioned activities, I, the undersigned, do hereby release, indemnify, and hold harmless Texas Tech University, its Board of Regents, all the University’s officers, agents, and employees, and the University Interscholastic League from any and all liability due to injuries, damage or death arising or resulting from any act or omission, express negligence or otherwise, of said Texas Tech University officers, advisors, agents, and employees, or any other person or participant in said activities while attending the activities or while in transit to and from activities.

I, the teacher, understand that I have the opportunity to participate in Texas Tech Summer Camp, a program for students sponsored by Texas Tech University, Lubbock, Texas from July 5-17, 2016. I hereby affirm that I desire to participate in the said program. I give my permission to ride in public transportation or in vehicles driven by Texas Tech employees or representatives to and from designated activities. I, the teacher, am aware of the dangers associated with travel by motor vehicle or other conveyance and the possibility of injuries or death while in transit. I understand that I will participate in general classroom, educational, and camp activities during this program. I am aware of the dangers associated with such activities and the possibility of injuries or even death in such participation. In consideration of allowing myself to attend the above mentioned activities, I, the teacher, do hereby release, indemnify, and hold harmless Texas Tech University, its Board of Regents, all the University’s officers, agents, and employees, and the University Interscholastic League from any and all liability due to injuries, damage or death arising or resulting from any act or omission, express negligence or otherwise, of said Texas Tech University officers, advisors, agents, and employees, or any other person or participant in said activities while attending the activities or while in transit to and from activities.

The terms hereof shall also serve as a release and an assumption of risk for my minor child’s heirs, executor and administrator, and for all members of my child’s family and be pleaded as a bar to litigation.

Jurisdiction of this matter and venue shall lie in Lubbock, Lubbock County, Texas. I, the undersigned, on behalf of my minor child agree to indemnify and hold Texas Tech University, its Board of Regents, and all the university officers, agents and employees harmless from and against any and all personal injury. I am above the age of eighteen (18) years and read this Release and Hold Harmless Agreement and voluntarily understand and accept its terms.

■ Signature of Parent, Managing Conservator, Guardian, or Teacher: ___________________________________________________________ Date ______________________

■ Print or Type name of Parent, Managing Conservator, Guardian, or Teacher: ___________________________________________________________
Texas Tech Summer Camp Parental Approval for Media Coverage/Participation

I hereby give permission for the name of the minor listed above to be released to the media or for him/her to participate in any media coverage which might transpire during the course of the program. I authorize the use of the minor’s name, biography, likeness, voice and performance in the production of the program(s) and for the purpose of publicizing and promoting the program(s). I represent that I am a parent (guardian) of the minor whose name is listed above and I hereby agree to have my child participate in media coverage.

As a teacher, I hereby give my permission for my name or image to be released to the media during this program.

☐ CHILD/TEACHER MAY PARTICIPATE IN MEDIA COVERAGE
____________________________________________________Date ______________________
Signature of parent, Managing Conservator, Guardian, or Teacher

☐ CHILD/TEACHER MAY NOT PARTICIPATE IN MEDIA COVERAGE, and I do not wish his/her name released to the media.
____________________________________________________Date ______________________
Signature of Parent, Managing Conservator, Guardian, or Teacher