



# THE ART OF OPERA

JUNE 18-29, 2012

For young singers entering grades 7- 12 in the fall of 2012

## REGISTRATION FORM

### CAMPER INFORMATION

NAME (how it should appear on name tag) \_\_\_\_\_ Male Female  
circle one

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE (optional) \_\_\_\_\_ SCHOOL \_\_\_\_\_

GRADE IN FALL 2012 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ VOICE TYPE \_\_\_\_\_

Do you take voice lessons? \_\_\_\_\_ If yes, who is your instructor? \_\_\_\_\_

Do you play an instrument? \_\_\_\_\_ If yes, which instrument(s) \_\_\_\_\_

T-shirt size: S M L XL  
adult sizes

\*\*A recommendation letter is required from a choir director or voice teacher.

### PARENT / GUARDIAN INFORMATION

NAMES \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE (S) \_\_\_\_\_

EVENING PHONE \_\_\_\_\_

I also give permission for photos and video to be taken of my child to be used for archival, publicity and promotional use.

Signature \_\_\_\_\_ Date \_\_\_\_\_

CAMP REGISTRATION FEE IS **\$350.00**.

CAMP FEES MUST BE INCLUDED WITH YOUR FORMS TO RESERVE YOUR PLACE AND MAIL TO: **HOUSTON GRAND OPERA, ATTN: MARCIE LOU, 510 PRESTON, HOUSTON, TX 77002**. REGISTRATION BEGINS **FEBRUARY 1**. CAMP SPACE IS LIMITED, SO PLEASE BE AWARE THAT APPLICATIONS ARE PROCESSED ON A FIRST-COME BASIS. THE DEADLINE FOR **REGISTRATION IS JUNE 1**.

**Refund Policy:** If you wish to withdraw before June 1, there will be a \$75 penalty, and the remainder of your fees will be returned. **THERE WILL BE NO REFUNDS AFTER JUNE 1**. There are no refunds for absences.

For Office Use Only: \_\_\_\_\_ ORD \_\_\_\_\_ CID \_\_\_\_\_ Date \_\_\_\_\_ CK



# THE ART OF OPERA

**June 18-29, 2012**  
**OPERA CAMP INFORMATION**

## **GENERAL INFORMATION**

**Camp Hours:** 9:00 AM – 3:00 PM Monday - Friday of week 1  
9:00 AM – 3:00 PM Monday – Thursday of week 2  
9:00 AM – 7:00 PM Friday of week 2

## **Drop-off/ Pick-up Information**

**Location:** The Wortham Theater Center  
510 Preston (stage door)

**Morning Arrival Time:** no earlier than 8:45 AM

**Afternoon pick-up time:** no later than 3:10 PM (children will not be supervised after scheduled pick- up time)

## **Items to bring to Camp:**

Sack lunches- Monday – Friday (except Friday of first week)

There are vending machines for drinks. Lunches should not include anything needing to be heated or cooked. Lunch will be provided on June 22.

\*The use of cell phones, pagers, and other electronic devices will only be allowed before camp, after camp, and during lunch.

## **OPERA CAMP DAILY SCHEDULE**

### **June 18 – 25 (Monday – Friday of week 1, Monday of week 2)**

Rehearsal for the first six days will be at Houston Grand Opera. Students will learn music and staging for a selected opera. The selected opera will be announced at a later date.

### **Tuesday, June 26 - Friday, June 29**

We will be rehearsing at the Heinen Theatre.

There will be two performances of the rehearsed opera, one at 12:00 PM and another at 5:30 PM. These performances will be at the Heinen Theatre on the central campus of Houston Community College. The address for the Heinen is 3517 Austin St. Houston, TX 77004.

# MEDICAL PERMISSION & RELEASE FORM

1. I give permission for my child, \_\_\_\_\_, to take part in all Houston Grand Opera Opera Camp activities. I understand that my child's behavior must be appropriate for the activities in this setting. If my child's behavior is disruptive or inappropriate, I understand that he/ she may be asked to leave the setting. I will not hold Houston Grand Opera responsible for any accident or harm which may befall my child during the course of Opera Camp.

\_\_\_\_\_ Parent/Guardian (please initial)

2. Is your child taking any medications or does he/she have any allergies/physical limitations of which the staff should be aware?

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\_\_\_\_\_ Parent/Guardian (please initial)

3. **Emergency Contacts:** In case of an emergency, please provide the names of two persons to call if you cannot be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

4. **Child's physician's contact information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

5. **Medical Emergency:** If you, your emergency contact, or your child's physician cannot be reached, you authorize Houston Grand Opera to consent to any emergency medical treatment—inclusive of surgical intervention—for your child, \_\_\_\_\_. You further agree to assume liability for any medical expenses incurred.

\_\_\_\_\_ Parent/Guardian (please initial)

6. As an authorized parent/guardian, I hereby grant permission for my child, \_\_\_\_\_ to attend Houston Grand Opera Opera Camp at the Wortham Theater Center. Further, I grant permission for photos and video of this child to be used for archival, publicity and promotional use.

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Parent/Guardian Signature

Date