



All the world is a stage .....

# CSI THEATRE CAMP



CSI Theatre Camp is designed for students age 12 – 18 who are interested in learning more about theatre arts this summer. In the classroom, in rehearsal, and in performance, students learn valuable principles, techniques, and skills that help them grow as people and as artists. CSI Theatre Camp helps young people learn to communicate, collaborate, create, and celebrate by experiencing, hands-on, the theatre arts...

Classes include makeup, lighting, scene shop, acting, developing a character, and scene work. Friends and family of campers will get the opportunity to watch an end-of-camp presentation in the state-of-the-art CSI Fine Arts Theatre!

Camp Director Laine Steel has been a director, designer, and theatre professor at CSI for 18 years, with teaching credits in Theatre History, Voice for the Theatre, Drama in the Classroom, Stagecraft, Stage Lighting, Play Production, and Communication, Puppetry, Makeup, Acting, Shakespeare, and Stage Combat. Laine has worked in theatre for young people for over 30 years.



**CSI Theatre Camp**  
July 6 - 10, 2009  
9 a.m. – 4 p.m.  
CSI Fine Arts Center  
Camp Tuition - \$150



For more information, call Camille Barigar at 732-6288 or Laine Steel at 732-6780  
or e-mail [cbarigar@csi.edu](mailto:cbarigar@csi.edu) or [lsteel@csi.edu](mailto:lsteel@csi.edu)



## Financial Information

### Camp Costs: \$150

- ❖ The \$25 deposit, which goes towards your tuition, is due upon registration.
- ❖ Your balance of the camp is due by the first day of camp.
- ❖ Checks payable to College of Southern Idaho

I have enclosed the following:

- \_\_\_\_\_ My \$25 nonrefundable tuition deposit
- \_\_\_\_\_ The entire \$150 for camp

If you wish to place the charge on your debit or credit card, please indicate so below.  
(We accept Visa, MasterCard, American Express, or Discover.)

Cardholder Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount Charged: \$ \_\_\_\_\_

Send completed Registration Form along with your deposit to:

Camille Barigar  
CSI Fine Arts Center  
PO Box 1238  
Twin Falls, ID 83303

Or hand-deliver to:

The CSI Fine Arts Center Box Office  
College of Southern Idaho Campus  
315 Falls Avenue  
Twin Falls

**Don't forget to send in your Releases and Permission Forms!**

If you have any questions, please contact Camille Barigar at (208) 732-6288 or at [cbarigar@csi.edu](mailto:cbarigar@csi.edu)



## CSI Theatre Camp

Please fill in the following information as completely and neatly as possible.

### Release & Permissions Form

I give permission for my son/daughter to take the following prescription medication while at camp:

(Please note: The camp is not able to supply your child with over-the-counter medications such as aspirin, cold medicine, etc., so please send these medications with your child if you feel they will be needed.)

Insurance Carrier	Policy Holder Name	Policy Number	Group Name
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**MEDICAL RELEASE:** (Applicants under 18 years of age only). I understand that I, as parent or guardian, will be contacted in the event of a medical emergency. The Director of CSI Theatre Camp or his appointed representative will sign for medical care only if it is the best judgment of the instructor and/or I cannot be reached. I authorize medical care under those circumstances. I certify that my son/daughter is in good health.

**WAIVER OF LIABILITY:** I agree that I will not hold the College of Southern Idaho, or any faculty member or employee of CSI liable for injuries sustained or illness contracted by my child while a student/participant at CSI Theatre Camp. I further agree that I will not hold CSI or its employees responsible for the loss or damage of personal property during the camp.

**CONDUCT:** Students of CSI Theatre Camp are expected to maintain the highest standards of conduct. Unless the camp staff has written authorization from a parent or guardian authorizing the participant to leave the campus, no students will leave the campus unless accompanied by the CSI Theatre Camp Director or his designee. Students are expected to take excellent care of the facilities and equipment. Any student found in violation of our standards and rules will be sent home. No refund of tuition/registration will be made.

I hereby attest that the information contained in this application is correct to the best of my knowledge. In addition, I have read the policies and fee statement and agree to comply.

Date: \_\_\_\_\_ Name of parent or legal guardian: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_

## CSI Photo Consent Release

I, \_\_\_\_\_ allow the College of Southern Idaho to use my image. This consent also extends to any persons or agencies employed by the College of Southern Idaho to use, re-use, publish or re-publish my image.

I understand that my image may be used in whole, in part, or in composite with or without my name for illustration, promotion, art, advertising, marketing, trade or any other purpose deemed necessary by the College of Southern Idaho.

I understand that my image may be used in, but not limited to, CSI Class Schedules, CSI Media guides, CSI catalogs, CSI Student Handbooks, CSI Student Viewbooks, CSI brochures and flyers, CSI Program brochures, CSI leaflets or posters, the CSI Web site, CSI advertising or CSI Public Service Announcements.

I waive any right to inspect or approve the finished product that may be used in conjunction with my image. I release the College of Southern Idaho, its Board of Trustees, its employees, and the State of Idaho from any liability in the use of my image, including claims of libel or invasion of privacy.

I understand and agree that no financial compensation is offered or expected now or in the future for the use of my image.

Subject's printed name \_\_\_\_\_

Subject's address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Photographer's name and signature \_\_\_\_\_

**Minor consent:** I am the father/mother/legal guardian of the above named subject and give permission for his/her image to be used:

Name of Parent/Legal Guardian \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Send completed forms to:

Camille Barigar  
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Twin Falls, ID 83303  
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