

Crete-Monee School District 201-U Announces its Annual

## Summer Enrichment Drama Workshop

No matter what age or level of experience, this camp offers children an affordable opportunity to explore the wonders of the theatrical experience. In addition to gaining knowledge about the theater, they will build skills in acting, singing, dancing, and technical theater. Children will also learn self-discipline, responsibility, value of teamwork, concentration skills, and goal setting. This fun and electrifying program will culminate in a full-scale production.

***Performances are July 29th – August 1st.***



**Date:** June 7<sup>th</sup> – July 30<sup>th</sup>

**Location:** CMHS Auditorium

**Cost:** \$200

**Time:** M-F, 9am-12pm

**Age:** 6-14 years

### **Registration:**

*All registration forms, waivers and payments are to be turned in by June 4th.*

1. Complete the registration form and waivers that are attached (one per child).
2. Send payment, registration form and waivers to Crete-Monee High School.

*Crete-Monee High School*

*ATTN: Summer Enrichment Drama Workshop*

*1515 West Exchange Street, Crete IL 60417*

Contact Gary Thorsky with any questions  
or concerns.

*thorskyg@cm201u.org*

*708-367-8420*

**LIMITED SPOTS AVAILABLE**

*Decision about virtual or in-person performance to be determined.*

*CM201-U District COVID-19 protocol will be enforced.*



## Summer Enrichment Drama Workshop Registration Form

Send registration form, waivers and payment to  
Crete-Monee High School  
ATTN: Summer Enrichment Workshop  
1515 West Exchange Street  
Crete IL 60417

Participants must be able to provide their own transportation.

Child's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: Male Female Grade: \_\_\_\_\_

### **Parent Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Emergency Contact**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Allergies \_\_\_\_\_

**Parental Permission:** My child has permission to participate in the activities and field trips of the Summer Enrichment Workshop. I accept full responsibility for my child's actions while in Summer Enrichment and release the Board of Educations from any liability.

**Photo Release:** I give my permission to use any photos taken of my child during the camp for the Crete-Monee School District website or promotional materials \_\_\_\_Yes \_\_\_\_No

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

\_\_\_\_\_  
Date

**CM201U**  
**Crete-Monee High School**  
**Athletics & Activities - Acknowledgement & Waiver**

**Covid-19 Waiver: Voluntary return to athletics and activities at CMHS**

1. I am aware of the Covid-19 Pandemic.
2. I am not sick and I do not have any symptoms for Covid-19.
3. I understand that I am attending conditioning sessions at my own will.
4. I am willing to have a temperature check by a staff member upon arrival.
5. I will use protective gear and respect CM201U social distancing, health, and safety standards.
6. I will comply with restrictions and CM201U requirements.
7. The school reserves the right to dismiss anyone from the facility who is not following these rules.

**Please Note: Students and staff with Fever or Symptoms of Covid-19 are not permitted on campus.**

Thank you for your cooperation! Your help is appreciated in keeping CM201U a safe place during this trying time.

Print Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CRETE-MONEE 201-U INFORMED CONSENT  
AND ACKNOWLEDGEMENT AGREEMENT**



*Coach:* \_\_\_\_\_

*Sport/Program:* \_\_\_\_\_

**PLEASE READ THIS COMPLETELY AND CAREFULLY. BY EXECUTING THIS AGREEMENT, YOU AND YOUR CHILD ARE AGREEING TO PERMIT YOUR CHILD TO ENGAGE IN AN ACTIVITY THAT MAY RESULT IN DISEASE, SERIOUS ILLNESS, INJURY, OR DEATH, BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED.**

I am the parent/legal guardian of \_\_\_\_\_ (my child) who is or will be a student at Crete-Monee High School and wishes to participate in the program designated at the top of this Agreement for this academic year (the "Program"). As a Program participant, my child will participate in all Program activities including but not limited to strength training and conditioning, practices, games, pep assemblies, and off-campus competitions. I understand the nature of the activities at issue and the risks inherent in the same. Fully understanding those requirements and risks, I hereby voluntarily give my consent for my child's participation.

**It has been fully explained to me and my child that the sport identified above is a vigorous, physical activity involving one or more of the following: motion, rotation, running, jumping, prolonged periods of close physical contact, and potential collisions between participants. Both myself and my child understand and acknowledge that there is an increased potential that my child's participation in any Program activities carries with it a higher than ordinary risk of illness, infectious disease, or injury which could lead to serious disease, illness, injury, paralysis, or even death. I am also aware of the potential danger of concussions and/or head and neck injuries that may result from participating in the Program. I have read and understand the information on concussions provided by Crete-Monee High School. I also have knowledge about the risk of continuing to participate once a disease, illness or injury is sustained without proper medical clearance. I accept responsibility for reporting all of my child's injuries as well as my child's condition to my child's coaches including any signs and symptoms of concussion, disease or illness. My child and I will inform the supervising coach immediately if my child experiences any of concussion symptoms, or symptoms of a disease or illness, or witnesses a teammate with these symptoms.**

I understand that the activities in which my child will be asked to participate are strenuous and require physical and athletic agility. It has been fully explained to me and my child, and we both understand and acknowledge, that these activities include, but are not necessarily limited to, a variety of athletic maneuvers requiring the coordination of more than one participant. These activities will not be confined to any one site or venue, but rather will involve a variety of sites or venues throughout the year.

I have been informed that my child must be examined by a physician prior to participation in these activities, and I agree to such examination. I have also been informed that my child is subject to physical screenings and wellness checks while participating in the Program and agree to such screenings and checks which include temperature checks and daily wellness checks. I agree to notify immediately the appropriate school personnel in the event of any change in my child's health status, if my child is diagnosed with COVID-19 or symptoms consistent with the same and if my child has been in close physical contact with any individual who has been diagnosed with COVID-19.

I know and understand, and acknowledge that my child knows and understands, the risks involved in



participating in the Program, understand that concussions, illnesses, serious injury, and even death, is possible from such participation and choose to accept any and all responsibility for my child's safety and welfare while participating in the Program. With full understanding of the risks involved, I release and hold harmless Crete-Monee Community Unit School District 201-U, Crete-Monee High School, the schools against which it competes, contest officials and the IHSA and the respective board members, employees, agents, and representatives of the entities set forth above, from any and all responsibility and liability for any disease, illness, injury or claim resulting from such participation and agree to take no legal action against them because of any acts or omissions by them, or any accident or mishap involving the participation of my child.

I further authorize emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the school. I further hereby authorize the use or disclosure of my child's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the IHSA, upon its request, of all records relevant to my child's eligibility to participate in the Program, including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness.

I grant the released parties the right to photograph and/or videotape my child and further to use my child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation.

**EACH PERSON SIGNING THIS AGREEMENT HAS READ AND UNDERSTANDS THIS AGREEMENT, HAS HAD ANY QUESTIONS THEY MAY HAVE HAD ABOUT THIS AGREEMENT ANSWERED, AND AGREES TO BE BOUND BY ITS TERMS TO THE FULLEST EXTENT PERMITTED BY LAW.**

Student's Printed Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

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

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

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