

## REGISTRATION FORM

### **DRAMA CAMP 2026, POETRY: FROM PAGE TO STAGE**

**JUNE 1-12 Monday thru Friday 10:00-3:00**

**Sponsored by the Dixon Community Players**

**At the Dixon Toolshed, 68 NM 75**

Please fill out this form completely, using one form per student.

#### **SPECIAL RATES**

**\$35 for 1 week**

**\$65 for 2 weeks**

**\$110 for both weeks, with  
2 children in one family**

**Financial Aid available based on need.  
We are offering DRAMA CAMP 2026  
At these VERY SPECIAL RATES with help  
from the DIXON COMMUNITY PLAYERS**

You are able to download all registration forms online at [www.dixonplayers.com](http://www.dixonplayers.com), fill them out, and email the forms to Holly Haas at [rockpool247@gmail.com](mailto:rockpool247@gmail.com). You can choose to pay with PayPal or send a check along with your forms.

Or when you contact Holly to enroll your child, she will email the forms to you. Registration forms will also be available at the Embudo Valley Library.

Mail registration materials and checks to:  
Holly Haas PO Box 208, Dixon, NM 87527

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Additional Phone(s) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**\$35 for 1week    \$65 for both weeks.    \$110 for both weeks (2 children in family)**

**WEEK 1 JUNE 1-5 \_\_\_\_\_    WEEK 2 JUNE 8-12 \_\_\_\_\_    BOTH WEEKS JUNE 1-12 \_\_\_\_\_**

**Tuition: Check** \_\_\_ to Dixon Community Players (DCP) **Cash** \_\_\_ or **Paypal** \_\_\_ at [www.dixonplayers.com](http://www.dixonplayers.com)

**Financial Aid** Camp free for those who are unable to pay the fee (please complete financial aid form)

#### **Video/Photo Release**

I agree to allow Dixon Community Players or the instructors to use any photographs, videotapes or other likenesses of my child taken in connection with any of the activities for publicity, promotion, entertainment or for inclusion in publications or online information about the DRAMA CAMP.

(Parent/Guardian) \_\_\_\_\_

I verify that the information I have given is accurate and correct to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION FORM**  
**DRAMA CAMP 2026**  
**POETRY: FROM PAGE TO STAGE**

**Sponsored by Dixon Community Players**  
**At the Dixon Toolshed, 68 NM 75**

Please complete a form for each student.

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are there any **medical problems/conditions** of which we need to be aware? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Is the student taking any **medications**? \_\_\_ Yes \_\_\_ No

If yes, please list medications and how often they are taken: \_\_\_\_\_

Does the student have any **allergies**? \_\_\_ Yes \_\_\_ No

If yes, please list allergies to medicine or food, as well as environmental allergies: \_\_\_\_\_

May we give your child any of the following without calling you:

Aspirin \_\_\_ Yes \_\_\_ No      Tylenol \_\_\_ Yes \_\_\_ No      Ibuprofen \_\_\_ Yes \_\_\_ No

Names and phone numbers of **parents/guardians, friends or relatives** we may contact in case of emergency.

<b>Name</b>	<b>Phone Number</b>	<b>Type of number</b>	<b>Relationship</b>
_____	_____	Home, work, cell	_____
_____	_____	Home, work, cell	_____
_____	_____	Home, work, cell	_____

I verify that the information I have given is accurate and correct to the best of my knowledge.

**In case of emergency, I, \_\_\_\_\_, give my permission to Dixon Community Players and their agents to obtain emergency medical treatment for my child**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person or persons allowed to pick up the student after camp.

\_\_\_\_\_  
\_\_\_\_\_

**RELEASE FORM**  
**DRAMA CAMP 2026**  
**POETRY: FROM PAGE TO STAGE**  
**MONDAY – FRIDAY, JUNE 1-12**  
**Sponsored by the Dixon Community Players**  
**At the Dixon Toolshed, 68 NM 75**

1. My child, \_\_\_\_\_ is participating in the DRAMA CAMP sponsored by the Dixon Community Players at the Toolshed in Dixon, NM. I recognize that the DRAMA CAMP classes involve physical exertion which may cause physical injury, and I am fully aware of the risks and hazards involved. I have instructed my child to stop any movement that will cause pain and ask the instructor for help.
2. In consideration of my child's participation in the DRAMA CAMP, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which he/she might incur as a result of participating in the workshop.
3. In further agreement for my child to participate in the DRAMA CAMP, I knowingly, voluntarily and expressly waive any claim I may have against Heather Hooper, Barbara Kress, and Holly Haas for injury or damages that my child may sustain as a result of participating in the program.
4. My heirs or legal representatives forever release, waive, discharge and covenant not to sue for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Parent or legal guardian \_\_\_\_\_

Date \_\_\_\_\_

## **FREQUENTLY ASKED QUESTIONS**

### **DRAMA CAMP 2026**

### **POETRY: FROM PAGE TO STAGE**

**Monday – Friday      JUNE 1 - 12      10:00 – 3:00**

**Sponsored by the Dixon Community Players**

**At the Toolshed in Dixon, 68 NM 75**

#### **What are the payment requirements?**

**Please get payment to Holly by first day of camp.**

\$35 for 1 week, \$65 for both weeks, OR \$110 for both weeks with 2 kids in the same family.

**WEEK 1 = June 1-5 , WEEK 2 = June 8-12 (10:00AM to 3:00PM)**

#### **Is financial aid available for students?**

Financial aid is available for those who demonstrate true financial need. Applications can be emailed with your registration forms. They are available on our website or at the Embudo Valley Library.

#### **What time should I arrive?**

Please arrive approximately 10-15 minutes early, especially the first day of class, so you and your child may meet the facilitators and fill out any additional forms.

#### **What should my child wear?**

Participants should wear comfortable summer clothing. Sandals with straps or tennis shoes are recommended.

#### **What about food and drink?**

Participants should bring their own water bottles. Water will be provided to replenish their bottles. A snack will be given in the afternoon. Please provide lunch. A microwave will be available.

#### **What if my child needs to miss a class?**

Please let us know in advance if your child will miss any classes so that facilitators can adjust their plans accordingly. If your child does not appear, you will receive a call to make sure your child is safe.

#### **Can parents sit in and watch the class?**

To help students let go of their inhibitions, we encourage parents not to accompany their child to camp. You may drop your child off at the theater door and pick up your child at the end of the class.

#### **What time should I pick up my child?**

Parents should arrive shortly before 3:00pm to pick up their child. The pick-up/drop-off point is the Theatre's front entrance. Our first priority is your child's safety. Teachers will only release students to parents and trusted guardians, unless prior arrangements have been made.

#### **Will there be a performance at the end of classes?**

We will have a final performance on the last day, June 12 at 2:30. The performances will also be recorded, edited, and shown on YouTube.

#### **Behavior**

In order to ensure that students derive maximum benefit and enjoyment from the DRAMA CAMP experience, students who become disruptive or disrespectful will be removed from camp with no refund of tuition.

**For more information, please call Holly Haas at 505-579-4602 / 505-927-0453**

**or email [rockpool247@gmail.com](mailto:rockpool247@gmail.com)**

**APPLICATION FOR FINANCIAL AID**  
**DRAMA CAMP 2026**  
**POETRY: FROM PAGE TO STAGE**  
**sponsored by Dixon Community Players**  
**at the Dixon Toolshed in Dixon, 68 NM 75**

Please complete an application for each student.

I am applying for: **WEEK 1, JUNE 1-5 \$35** \_\_\_\_\_ **WEEK 2, JUNE 8-12 \$35** \_\_\_\_\_

**BOTH WEEKS, JUNE 1-12 \$65** \_\_\_\_\_ **BOTH WEEKS (2 in Family) JUNE 1-12 \$110** \_\_\_\_\_

Amount Applied For: \_\_\_\_\_

Eligibility is based on financial need and available funds. In order to be considered for financial assistance, this application must be completed in its entirety and returned to the Dixon Community Players **by May** . You will be notified of any award amount. All information on this form will be kept **strictly confidential**.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best phone to use–Day: \_\_\_\_\_ Best phone to use–Evening \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please tell us why you want to be in Drama Camp (*In student's own words*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on separate sheet if needed)

\_\_\_\_ Student is part of the **Free Lunch** program at \_\_\_\_\_ (School)

\_\_\_\_ Student is part of the **Reduced Lunch** program at \_\_\_\_\_ (School)

\_\_\_\_ Student is not in school or attends home school.

Total income from all sources to support household over the past 12 months: \$ \_\_\_\_\_

Number of people in the household: Adults \_\_\_\_\_ Children \_\_\_\_\_

I verify that the information I have given is accurate and correct to the best of my knowledge. I also understand that students are expected to attend each class session and that I am responsible for the student's transportation to and from DRAMA CAMP.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_