

Summer Theatre Academy at the University of Miami

Summer 2024 Information Sheet and Registration Form

Academy Dates:

6-Week Session: June 10 – July 19, 2024

3-Week Sessions:

Session 1: June 10 – June 28, 2024 (No camp on June 19 in observance of Juneteenth)

Session 2: July 1 – July 19, 2024 (No camp on July 4 in observance of Independence Day)

Academy Hours:

Monday- Friday 8:45 AM – 3:50 PM

The Summer Theatre Academy (STA) is part of the University of Miami's Department of Theatre Arts; parents and campers agree to the following regulations:

Hours, Drop-off and Pick-up

- Drop-off takes place between 8:45 and 8:55AM at [6565 Red Road, Coral Gables](#), the University of Miami's Theatre Arts classrooms.
- Classes begin at 9:00AM. Campers dropped off after 8:55AM must be accompanied inside by a parent or guardian, where STA staff will direct them to the appropriate classroom. For the safety of your child, do not drop campers off alone outside.
- Pick-up is at the same location as drop-off, and starts at 3:50PM. Counselors will accompany campers to the pick-up area. Campers who have not been picked up by 4:00PM will be taken to the STA classrooms, and an after-care charge may be applied (see Early-care and After-care section).
- If your camper(s) will be leaving STA on their own on a daily basis, please fill out the appropriate section in the "Authorization to Pick-Up Child" section of this form.

Illness Guidelines and Policies for Campers

The Summer Theatre Academy illness safety protocols are:

- If a camper displays COVID-19 or flu-like symptoms during the STA day, they will be isolated, and their guardians will be contacted for immediate pickup.
- If a camper displays COVID-19 or flu-like symptoms at home, they must remain at home until they have been asymptomatic for 24 hours without the use of medication.
- Any camper determined to be a close contact of a person who has tested positive for COVID-19, will be required to wear a face covering while at STA until 10 days after the date of the contact.
- Campers who have symptoms of non-COVID illnesses must remain at home until they have been asymptomatic for 24 hours without the use of medication.

In the event a student self-reports testing positive for COVID-19, the parent or guardian of a camper who tests positive must immediately notify the camp directors, and follow all current CDC guidelines.

Early-care and after-care

- STA provides early- and after-care services at an additional cost. These services can be paid in advance, or be used as needed and billed after the fact.
- Early care begins at 8:00 AM. All students dropped off before STA counselors arrive at the drop-off location at 8:45AM will be charged for early-care services. Early-care costs are \$10/day, \$130 for an entire three-week session, or \$260 for the full six weeks.
- After-care ends at 5:30PM, when all STA staff leaves for the day. All students picked up after 4:15PM will be charged for after-care services. After-care costs are \$18/day, \$235 for an entire three-week session, or \$470 for the full six weeks.
- Campers who have not been picked up by 4:00PM will be taken to the STA classrooms and must be picked up and signed out from the STA Head Counselor's office by an authorized person. There will be a \$25 charge for campers picked up after 5:30PM.
- If you know in advance that your camper(s) will be picked up late on any given day, please provide notice to the STA office at sta@miami.edu.

Lunch

- Lunch takes place in the STA classrooms. Lunch is not provided. All campers must bring their own lunch. Please note that there is no available refrigeration or heating for campers' meals.

Attire

- Campers should dress comfortably in clothes that allow freedom of movement. We suggest loose-fitting jeans or shorts, exercise clothing, T-shirts and sneakers.

Attendance

- It is important for your camper to attend all classes in order to participate in the final projects and receive the full benefit of the program. **Any missed classes will not be made up or refunded, including days missed due to illness, including COVID-19.** If your camper is going to miss camp, please notify the camp staff at sta@miami.edu.

Discipline

- The University of Miami's Summer Theatre Academy prides itself on its safe and comfortable environment that is conducive to both growth and learning. We ask campers to treat each other and the staff with respect and courtesy. Continued disruptive or violent behavior may be cause for dismissal. With that in mind, the University of Miami's Summer Theatre Academy reserves the right to dismiss, *without refund*, any camper who is deemed a disciplinary problem by the Directors of the program.

Medical Procedures/Emergencies

- Please ensure that the Emergency Contact Sheet is filled out completely, and includes health insurance information. **The STA staff cannot dispense any medication.** Campers who require medication must be able to administer it on their own, and parental permission must be provided in writing.

Refunds

- There is a no-refund policy. Refunds will not be issued in the event a camper voluntarily withdraws from STA, if a camper is dismissed for disciplinary reasons, in case there are cancellations due to weather emergencies or warnings, or if a camper must miss camp days due to testing positive for, or being a close contact of someone who has tested positive for, COVID-19 or any other illness.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

University of Miami Department of Theatre Arts
PO Box 248273, Coral Gables, FL 33124
305-284-4474
sta@miami.edu
<https://sta.as.miami.edu/>

Summer Theatre Academy 2024 Registration Form

Please tell us how you heard about STA:

Returning camper Print Ad Web Search
 Word of mouth Online Ad
 Other (please specify) _____

305-284-4474 • Fax: 305-284-5702 • sta@miami.edu • www.as.miami.edu/sta • @STAatUM

CAMPER INFORMATION

Name: _____ Birthdate: _____
 School Attending Fall 2024: _____ Grade entering Fall 2024: _____
 Medical Insurance: _____ Policy #: _____

SECOND CAMPER INFORMATION, if applicable (Campers must share a guardian)

Name: _____ Birthdate: _____
 School Attending Fall 2024: _____ Grade entering Fall 2024: _____
 Medical Insurance: _____ Policy #: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email Address: _____

Uncheck this box if you would like to not receive STA updates at this email address. Updates include information about STA events during camp and other announcements. Your address will not be shared with any other parties.

Parent/Guardian Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email Address: _____

Uncheck this box if you would like to not receive STA updates at this email address. Updates include information about STA events during camp and other announcements. Your address will not be shared with any other parties.

FULL TUITION DUE AT REGISTRATION

Session 1: June 10-June 28 • Session 2: July 1-July 19

Which session(s) are you registering for? (Select all that apply)

Sessions 1 and 2 (6/10-7/19)

UM Staff: \$1,450
 Early Registration (until 4/21/2024): \$1,550
 Regular Registration (on or after 4/22):
 \$1,650; second child \$1,550

1 Session, select one option below:

Session 1 (6/10-6/28) Session 2 (7/1-7/19)
 UM Staff: \$750
 Early Registration (until 4/21/2024): \$785
 Regular Registration (on or after 4/22):
 \$850; second child \$785

Early Care (\$130 one session; \$260 two sessions)

After Care (\$235 one session; \$470 two sessions)

REGISTRATION OPTIONS:

By email: Scan your signed paperwork or sign it digitally and send it to sta@miami.edu. You will be contacted to provide your card information. **DUE TO FINANCIAL REGULATIONS WE CANNOT ACCEPT WRITTEN CREDIT CARD INFORMATION VIA MAIL OR EMAIL.**

By mail: Complete the registration form and mail it along with your check (payable to University of Miami) to:

Summer Theatre Academy
 University of Miami Jerry Herman Ring Theatre
 1312 Miller Dr
 Coral Gables, FL 33146

If you are mailing a check, please let us know in advance by sending an email to sta@miami.edu.

Discount Code?
Enter it here:

Total Cost =

Please note: Incomplete forms will not be processed. Tuition is non-refundable. When a limit of 20 campers per group is reached, a waiting list will be started. When an opening becomes available, we will contact parents on a first come, first served basis. The Department of Theatre Arts reserves the right to dismiss campers whose behavior is consistently disruptive and interferes with the success of other campers and the goals of the program. No refund will be given. The Department of Theatre Arts reserves the right to cancel the Summer Theatre Academy should there be an insufficient number of students to run the program. Your entire payment would be refunded in this situation.

University of Miami Summer Theatre Academy 2024

Authorization to Pick-up Child

Please fill out the following and return to us at sta@miami.edu, or mail before the start of the Summer Theatre Academy.

I am the parent or legal guardian of the child/children listed below, and I authorize the following person(s) to pick up my child from the Summer Theatre Academy from June 10 to July 19, 2024.

Parent or Guardian's Name (please print): _____

Child's Name: _____

Second Child: _____

I authorize the following person(s) to pick up the above referenced camper(s):

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

PLEASE READ THIS BOX CAREFULLY

If you would like to grant permission for your child to leave STA on their own at the end of the day without a parent or guardian present, please read the next section:

By checking this box, I authorize the University of Miami Summer Theatre Academy to release the above referenced camper(s) at the end of the Summer Theatre Academy day (3:50PM) without the presence of a parent or guardian. The Summer Theatre Academy accepts no responsibility for the supervision of the above referenced camper(s) after 3:50PM.

Parent's signature: _____ Date: _____

University of Miami

Summer Theatre Academy 2024

ACKNOWLEDGEMENT AND RELEASE AGREEMENT **PLEASE READ CAREFULLY – YOU ARE ASSIGNING AWAY LEGAL RIGHTS**

If you are registering more than one camper, please complete a copy of this form for each camper.

IN CONSIDERATION of my child being permitted to participate in the Summer Theatre Academy (“STA”) at the University of Miami from June 10, 2024 to July 19, 2024 I, _____, hereby agree as follows:

1. I acknowledge that my child’s participation and presence at STA may expose them to risks and dangers, some being inherent in the nature of the activity, some resulting from human error and negligence on their part and/or on the part of other personnel working or participating in the activity. I acknowledge that any of the above-referenced risks and dangers may cause damage or loss of personal property, personal injury or even death, and I fully assume and accept these risks and dangers.
2. I hereby agree to assume and take on behalf of my child, their family, heirs and personal representative(s), all of the risks and responsibilities in any way associated with my child’s participation in STA. I hereby agree to release, indemnify and hold harmless the University of Miami, its officers, directors, trustees, employees, faculty, students, volunteers, agents and representatives (collectively, referred to as the “University”) from any and all claims, demands, damages, causes of action, suits, whether in law or in equity or however caused, against, including without limitation, any damage to or loss of personal property, any personal injury and/or death, which my child or I may have or may acquire as a result of their presence and participation in STA, including, without limitation, damage, loss, injury and/or death caused by the negligence, in whole or in part, of me, my child, the University or any third party. This expressly includes but is not limited to any injury, death, or loss resulting from or related in any way to a pandemic, epidemic, virus, infection, sickness or other health event.
3. I understand and agree that this Consent, Hold Harmless and Release Agreement applies whether the University of Miami is at fault or not.
4. I understand and agree that the University of Miami may not have medical personnel available at the location of STA. I hereby grant permission to the University of Miami to authorize emergency medical treatment, if necessary, and agree that such action by the University of Miami shall be subject to the terms of this Consent, Hold Harmless and Release Agreement. I understand and agree that the University of Miami assumes no responsibility for any injury or damage which might arise out of connection with such authorized emergency medical treatment.
5. I understand that in securing the execution of this Consent, Hold Harmless and Release Agreement, the University of Miami is acting as agent or trustee on behalf of or for the benefit of its respective employees, agents, officials, faculty, students, servants and representatives, whether paid or unpaid, who shall to this extent be, or be deemed to be, parties to this Agreement.
6. This Consent, Hold Harmless and Release Agreement shall serve to benefit and bind the University of Miami and myself and our respective heirs, executors, administrators, successors and assigns.
7. This Consent, Hold Harmless and Release Agreement shall be governed and construed in accordance with the laws of the State of Florida, and any dispute arising from or relating to this Agreement shall be brought exclusively in a court of competent jurisdiction located in Miami-Dade County.

8. I certify that I have read the terms of this Consent, Hold Harmless and Release Agreement and the Summer 2024 Information Sheet and Registration Form, and understand their contents, and that I wish to be bound by their terms.

I UNDERSTAND THAT THERE ARE RISKS OF INJURY INVOLVED IN MY CHILD'S PARTICIPATION IN STA AND MY CHILD AND I VOLUNTARILY ASSUME SUCH RISK. IT IS MY INTENTION BY SIGNING THIS CONSENT, HOLD HARMLESS AND RELEASE AGREEMENT TO EXEMPT AND RELIEVE THE UNIVERSITY OF MIAMI FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY MY NEGLIGENCE, MY CHILD'S NEGLIGENCE, OR THE NEGLIGENCE OF ANY OTHER PERSON(S) PARTICIPATING IN, OR AFFILIATED WITH, STA.

I affirm that I am over 18 years of age and the parent/guardian of _____

Signature: _____

Name: _____

Date: _____

Address: _____

University of Miami

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PHOTO / IMAGE RELEASE FORM

I hereby authorize the University of Miami, its employees, agents, contractors, sub-contractors, volunteers, vendors and staff members to take photographic portraits, pictures, digital images or video recordings and/or live transmission(s) of my child in whole, or in part or reproductions thereof in color or otherwise as they may wish (the "Images"), without payment or any other consideration.

These entities listed herein may use and publish the Images in such places, including without limitation, any printed or electronic media or publications, television, cable, the World Wide Web, and any other media. I hereby waive any rights I have or may have to inspect, edit, modify and/or approve the finished product or the specific use to which it may be applied.

On behalf of my child, myself, my heirs, representatives, executors and assigns, I hereby release, discharge and agree to indemnify and hold harmless the University and its agents from all claims, demands, and causes of action that my child or I have or may have by reason of this authorization, including by virtue of blurring, distortion, alteration, optical illusion, or composite form, whether intentional or otherwise, that may occur or be produced in the taking of said photos or videotapes or in processing tending towards the completion of the finished product.

I affirm that I am over 18 years of age.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Child's Name

Child's Date of Birth

University of Miami

Summer Theatre Academy 2024

Emergency Contact Sheet

If you are registering more than one camper, please complete a copy of this form for each camper.

Camper Information

Name of Camper: _____
Last First Middle Initial

Age: _____

Guardian Information

Name of Parent or Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cellular: _____

Emergency Contact

Name: _____

Telephone: _____ Relationship: _____

Medical Information

Name of Doctor: _____ Telephone: _____

The STA staff will not dispense any medication. Campers must be able to administer medication on their own. Please list all medications that the child is permitted to take:

Does the camper have any allergies or other conditions that you would like the STA staff to be aware of?

