



## **Teen Mentorship Project 2010!**

To find out more about PUSH, visit [pushtheatre.org](http://pushtheatre.org) or call (585) 278-0123.

### **Experience the following art forms, at our 6<sup>th</sup> annual summer camp:**

- Physical Theatre
- Mime
- Acting
- Team Building
- Mentoring Skills

### **Instructors include:**

- Co-founder of PUSH Physical Theatre, Heather Stevenson
- Actor, Director, Writer, Danny Hoskins

### **2 Week Training Details:**

**Week 1: Being Mentored:** Studying physical skills and teaching techniques

**Dates:** Monday June 28<sup>th</sup> through Thursday July 1<sup>st</sup> (9am-3pm)

**Location:** PUSH's rehearsal space at 359 West Bloomfield Rd. Pittsford, NY 14534

**Food:** Refreshments and Lunch Provided. Bring marked water bottle.

**Week 2: Mentoring Others:** Teaching physical techniques and building friendships with PUSH Pins Camp Students

**Dates:** Tuesday, July 6<sup>th</sup> through Saturday, July 10<sup>th</sup> (10am-4pm)

**Location:** 25 Church St, Pittsford, NY 14534

**Food:** Morning and Afternoon refreshments provided. Bring bag lunch and water bottle.

**Cost for 2 week program:** \$175 for 1<sup>st</sup> student, \$150 for 2<sup>nd</sup> student in same family.

**Dress Code:** Wear clothing that allows you to move freely and instructors to see your form. Proper support garments for both females and males.

Dress modestly. No shorts. No bare midriffs. No sagging. Hair pulled back off face.

### **Students Receive:**

- An individual ten minute review with the program instructors
- A personal letter of recommendation for their future projects, auditions, or job interviews
- A certificate of volunteer service to be used for high school community service credit if needed, noting the hours worked at camp

**Contact information:** PUSH Pins Program Director, Heather Stevenson  
[pushpins@pushtheatre.org](mailto:pushpins@pushtheatre.org) (282) 278-0123

## 2010 Teen Mentorship Project

Registration Form. Limited Enrollment. Don't Delay.

<b>Student's Name:</b>			
Parent/Parents Names:			
Mailing Address:			
Age:	DOB:	Sex: M / F	Grade entering:
Home Phone #:		Mobile phone #:	
E-mail Address:			

<b>2<sup>nd</sup> Student's Name:</b>			
Age:	DOB:	Sex: M / F	Grade entering:

1) How did you hear about this program?

2) Anything you would like to share with us, as a student?

**Registration Fee:** \$10 per family (in addition to enrollment fee)

**Enrollment fee** for one camper: \$175

Our gift to you: 2<sup>nd</sup> teen in the same family is \$150

-Limited scholarships available. Please inquire.

**\*Register on or before May 10<sup>th</sup> and wave the registration fee.**

Make checks payable to: *PUSH Physical Theatre*

Mail Form & Payment to: Teen Mentorship Project, c/o PUSH Physical Theatre  
359 West Bloomfield Rd, Pittsford, NY 14534



**PUSH Physical Theatre  
CONSENT AND MEDICAL RELEASE FORM**

Your son/daughter is eligible to participate in a 5 day performing arts intensive that requires vigorous exercise. This activity will take place under the guidance of adults from PUSH Physical Theatre and staff. A brief description follows:

Activity: **PUSH Pins Teen Mentorship Project 2010**  
Location: 1. PUSH rehearsal space, at 359 West Bloomfield Rd. Pittsford, NY 14534  
2. 1<sup>st</sup> Presbyterian Church, 25 Church St. Pittsford, NY 14534  
Start Date: Monday, June 28, 2010 End Date: Saturday, July 10, 2010

If your child may participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent/guardian, you remain fully responsible for any liability, which may result from personal actions taken by your son/daughter. If your child brings or uses any drugs, alcohol, weapons, or tobacco products or engages in reckless or violent behavior, you will be expected to retrieve your son/daughter from the facility.

I hereby consent to the participation of my child, \_\_\_\_\_, in the event described above. I further consent to the conditions stated above regarding participation in this event.

I realize that there are certain risks inherent in the practice of performing arts and hereby release PUSH Physical Theatre, their staff and volunteers from responsibility for any injuries which may be incurred by my son/daughter.

I give permission for my child, in case of emergency, to be taken to a physician or hospital by either a PUSH Physical Theatre member, or other appointed responsible adult while in training. I understand that **every effort** will be made to contact me. *If I cannot be reached*, however, I hereby give permission to the physician selected by the adult in charge, to hospitalize and secure proper treatment, including surgery, for my son/daughter.

**Parent/Guardian Signature**

\_\_\_\_\_ Date \_\_\_\_\_

**Please Print Clearly**

Participant's Full Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)' Name(s) \_\_\_\_\_

Home Number \_\_\_\_\_ Daytime number of Parent \_\_\_\_\_

Emergency Contact other than parent \_\_\_\_\_ Phone \_\_\_\_\_

Any allergies or medical, physical, or dietary restrictions/requirements (use back of form if needed):

Medications presently taking (including over-the-counter medications)

Medical Insurance Company \_\_\_\_\_ Policy ID Number \_\_\_\_\_

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I understand that this registration information will be kept on file in PUSH Pins database and photos of me or my child may be used for publicity. **Parent/Guardian Signature:**