

**LOYOLA ACADEMY SUMMER  
DRAMA PROGRAM  
Permission/Waiver/Consent to Medical Treatment**

I, the undersigned parent/guardian of \_\_\_\_\_  
Hereby give my full permission for my child's participation  
in the Loyola Academy Summer Drama Program.

I hereby waive, release and warrant that I shall not  
individually or collectively bring any claim, by lawsuit or  
otherwise, against Loyola Academy, its officers,  
employees, agents and volunteers directly or on behalf of  
my child or for any other person for any injury, death or  
loss arising out of the student's participation in the  
Program.

I further agree to indemnify and hold harmless Loyola  
Academy and its officers, employees, agents and volunteers  
(the "Indemnitees") from any claim, loss or expense  
whatsoever, including without limitation reasonable  
attorneys' fees, brought against or suffered by any of the  
Indemnitees due to any injury or loss suffered by my child,  
myself or my family in connection with the Program, as a  
result of my child's acts or omissions in connection with  
the Program, or arising out of a claim directly or indirectly  
related to the Program brought by any other person and  
arising out of my child's acts or omissions.

In the event of an emergency, I authorize the Loyola  
Academy Drama Program staff to secure from any  
accredited hospital and/or physician any treatment deemed  
necessary for the immediate care of my child, and I agree to  
be responsible for the cost of any and all medical services  
rendered. By signing below, I further acknowledge and  
confirm that my child is covered by an accident and health  
insurance policy that will cover him/her while participating  
in the Summer Drama Program, and that I agree to  
maintain such coverage for the duration of the program.

I have read and fully understand this  
Permission/Waiver/Consent form and execute it of my own  
individual free will and without any reservation  
whatsoever.

Parent/Guardian \_\_\_\_\_  
Print Name

Signature \_\_\_\_\_

Date \_\_\_\_\_

F. Ryan  
Loyola Academy  
1100 N. Laramie Ave.  
Wilmette IL 60091

**LOYOLA ACADEMY  
SUMMER DRAMA  
PROGRAM 2009**



**MUSICAL THEATER  
PERFORMANCE AND  
PRODUCTION  
Of**



**FOR STUDENTS  
ENTERING  
GRADES 4-9**

June 18-July 2 (2 1/2 week camp)  
12:30-5:30 PM  
Monday through Friday  
Tuition \$500

Performance "Alice in Wonderland, Jr."  
July 2 7:30 PM

Directors:  
Ms. Christine Ryan, BFA University of Illinois, Youth Theater Specialist

Mrs. Faye Ryan, Loyola Academy Theater Director and Fine Arts Chair

Boys and girls learn to perform as part of a production company; rehearsing and working with guest artists and Loyola's Theater Director to present a Junior Musical.

Whether behind the curtains or center stage, you participate in crew set construction, props, costumes, makeup, lights and sound.

Everyone will learn about preparing for the auditions and working behind the scenes. Auditions will be held early the first week and roles will be assigned both onstage and backstage.

This program must have 20 students in order to run and is limited to 30 students. If the minimum is not reached by June 1, all payments will be refunded.

Full payment is required at the time of registration. No refunds for withdrawal will be made after June 12.

### This year's production



**Join Alice's madcap adventures in Wonderland as she chases the White Rabbit, races the Dodo Bird, gets tied up with the Tweedles, raps with a bubble-blowing Caterpillar, and beats the Queen of Hearts at her own game! Roles are plentiful, including three Cheshire Cats and dozens of other wonderfully wacky characters.**

**Questions? Call or e-mail Faye Ryan at 847-920-2570 or fryan@loy.org**

**REGISTRATION DEADLINE JUNE 1**  
To register fill in the information on both sides of this form and return with your check payable to Loyola Academy.

Return form to: Faye Ryan, Loyola Academy, 1100 N. Laramie Ave., Wilmette IL 60091

Please register my child for the 2009 Loyola Academy Summer Drama Program.

Student's name \_\_\_\_\_

Entering Grade Fall 2009 \_\_\_\_\_

Parents' name(s) \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency phone \_\_\_\_\_

School \_\_\_\_\_

T-Shirt Size:

Youth Medium \_\_\_\_ Youth Large \_\_\_\_

Adult Small \_\_\_\_ Adult Medium \_\_\_\_

Adult Large \_\_\_\_ Adult XL \_\_\_\_

**THE REVERSE SIDE OF THIS FORM  
MUST BE COMPLETED**