



# Friends of the St. Augustine Amphitheatre, Inc.

P. O. Box 840179  
St. Augustine, FL 32080-0179



Dear Parents:

Welcome to the 2024 Summer Music and Art Camp. Your child/children are going to have a unique and exciting experience! Please read the information in the Handbook carefully and then sign the final page to confirm that you have read, understand, and abide by the information included.

Bring the completed Application, Confirmation page, and tuition check (if applicable) to the **Amphitheatre Front Porch, on Saturday, March 2, 2024, from 8:00 am to 1:00 pm**

Be sure to read everything carefully for details. This will be the only sign-up opportunity. Nothing will be accepted by mail.

Molly Grossholz, Camp Director



# FRIENDS OF THE SAINT AUGUSTINE AMPHITHEATRE



Dear Parents,

Welcome to the 2024 FOSAA Summer Music and Art Camp. Please read the information in the Handbook and sign below to confirm that you have read, understand, and abide by the information that is included. Return the signed page along with your application on registration day. This material is best viewed on a computer. You may print a copy of the Handbook for your records.

Molly Grossholz, Camp Director      Mark Ramirez, FOSAA President

## SIGNATURE PAGE

I have read and understand all the material in this Handbook.

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

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

Child/Children(s) Name(s): \_\_\_\_\_

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# FRIENDS OF THE SAINT AUGUSTINE AMPHITHEATRE



## 2024 Summer Music and Art Camp Handbook

Monday, June 24 – Friday, June 28

### TUITION AND SCHOLARSHIPS:

Camp is open to interested 1<sup>st</sup> through 6<sup>th</sup> grade students who live in St. John's County. Tuition is as follows: \$175.00 per child with an additional \$ 25.00 non-refundable deposit. (There is a \$25.00 reduction for each additional child). Tuition may be paid by check or by PayPal on our website [www.fosaa.org](http://www.fosaa.org). Parents requesting financial assistance (scholarship) should write a letter and include it with the application, explaining why support is needed. No financial papers will be required. Our wish is that every child experiences the camp regardless of financial status.

### CAMP DATES AND HOURS OF OPERATION:

Camp dates are Monday, June 24 through Friday, June 28.

Camp times are 8:30 a.m. to 2:00 p.m. daily.

Camp location is The Amp 1340CC A1A South, St Augustine

**PLEASE MAKE SURE YOUR CHILD HAS EATEN BREAKFAST AT HOME!**

### DROP OFF AND PICK UP TIMES

Students may be signed in no earlier than 8:15 am and no later than 8:30 am. Staff members will wait on the front porch deck to escort children inside. **No parent should ever leave a child if a staff member is not present.** Students will be dismissed at 2:00 p.m. at the front porch deck. They must be signed out no later than 2:10 p.m. **Please alert the responsible party transporting your child that they must arrive on time for him/her to be dropped off and picked up! No one other than those listed on the camp application will be permitted to pick up a child. ID IS REQUIRED!**

### THE CAMP DAY

Camp is broken into three periods that will include Art, Music, and Group. These periods are broken up by lunch. On the first day of camp, children will be given a special lanyard with their names and classes printed on it. These will be collected at the end of each day and given out when the children arrive each morning.

## **ATTENDANCE**

Our instructors are professionals who put a lot of time and effort into their classes. Therefore, it is important that your child attend camp every day and that you drop off and pick up your child/children at the designated times. If your child/children must miss camp because of illness, Molly Grossholz (Camp Director) must be notified by 8 a.m. that morning at 904-806-5675.

## **BEHAVIORAL ISSUES**

From time to time, children are sent who are not invested in the camp experience. In these instances, parents will be called to discuss the problem with the possible removal of that child from camp.

**Children who are a “no show” on any given morning will be immediately removed from camp. Children who consistently fail to be picked up by the designated time may also be removed from camp. Tuition will not be refunded.**

## **CLOTHING**

Children should be dressed appropriately for the weather and wear clothing suitable to work on arts and crafts projects. Each child will receive a camp tee shirt on the last morning of the camp which will be worn during the final performance and then taken home.

## **FOOD**

Children should bring a labeled water bottle which can be refilled at water stations. Children can either bring their lunch or select a box lunch at no charge, which will include a sandwich (turkey or ham) cheese, lettuce and tomato, chips, and a cookie. There are refrigerators for lunches not packed in thermal bags. **Please make sure your child has something to eat for breakfast before they come to camp!** Children with food allergies should bring their lunch.

## **HEALTH ISSUES**

A camp nurse will be on duty to assess any medical problems. 911 will be called for medical emergencies. The staff is not permitted to administer medications.

## **STAFF**

**Our staff are professionals with years of experience. Everyone working with the children has had background checks.**



# FRIENDS OF THE SAINT AUGUSTINE AMPHITHEATRE



## APPLICATION, INFORMATION, AUTHORIZATION, RELEASE AND WAIVER AGREEMENT FOR FRIENDS OF THE ST. AUGUSTINE AMPHITHEATRE

### MUSIC & ART CAMP JUNE 24 - 28, 2024

*Please fill out the application legibly: print or type Our future communication with you is based on e-mail. If we cannot read your e-mail address the application will be discarded. Tuition is \$175 with a separate \$25 non-refundable deposit per application. There is a \$25 reduction in tuition for each additional child. If you need a scholarship, please write a letter of explanation and return it with your application.*

Age of Campers: 1<sup>st</sup> Grade through 6<sup>th</sup> Grade

**Child 1:** Last, First Name: \_\_\_\_\_

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

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

Gender: M    F    D.O.B.: \_\_\_\_\_ Grade (Fall 2024): \_\_\_\_\_

Name of School \_\_\_\_\_ Dominant Hand: \_\_\_\_\_

Food allergies or special needs: \_\_\_\_\_

**Child 2:** Last, First Name: \_\_\_\_\_

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

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

Gender: M    F    D.O.B.: \_\_\_\_\_ Grade (Fall 2024): \_\_\_\_\_

Name of School \_\_\_\_\_ Dominant Hand: \_\_\_\_\_

Food allergies or special needs: \_\_\_\_\_

**Child 3:** Last, First Name: \_\_\_\_\_

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

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

Gender: M    F    D.O.B.: \_\_\_\_\_ Grade (Fall 2024): \_\_\_\_\_

Name of School \_\_\_\_\_ Dominant Hand: \_\_\_\_\_

Food allergies or special needs: \_\_\_\_\_



# FRIENDS OF THE SAINT AUGUSTINE AMPHITHEATRE



## CHILDREN'S ACTIVITY SELECTION

Choose one music and one art class based on the following grade guidelines:

Ukulele: 3, 4, 5: Guitar: 4, 5, 6

Art multi projects: 1,2,3,4,5,6

Rhythm, Percussion: 1, 2

Master Puppetry: 4,5,6

Recorder: 2,3,4,5,6

*If your child was previously enrolled in camp and has an instrument, please note.*

**FIRST CHILD'S NAME:** \_\_\_\_\_ **GRADE IN FALL:** \_\_\_\_\_

MUSIC: Circle one:

Guitar	Ukulele	Percussion	Recorder	
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ART: Circle one: Art Class      Puppetry Class      Dominant Hand : \_\_\_\_\_

**SECOND CHILD'S NAME:** \_\_\_\_\_ **GRADE IN FALL:** \_\_\_\_\_

MUSIC: Circle one:

Guitar	Ukulele	Percussion	/Recorder	
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ART: Circle one: Art Class      Puppetry Class      Dominant Hand: \_\_\_\_\_

**THIRD CHILD'S NAME:** \_\_\_\_\_ **GRADE IN FALL:** \_\_\_\_\_

MUSIC: Circle one:

Guitar	Ukulele	Percussion	/ Recorder	
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ART: Circle one:  
Art Class Puppetry Class



# Friends of the St. Augustine Amphitheatre, Inc.

P. O. Box 840179  
St. Augustine, FL 32080-0179



## Responsible Party Information

Last, First Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email \_\_\_\_\_

Your Relationship to Participant(s): \_\_\_\_\_\*

*\*If the relationship is other than the custodial parent, please specify and provide written confirmation of authority.*

### List of people responsible for picking up your child/children from Camp.

- Must provide photo ID at pick up.
- The name and address must be the same as listed.

Name:	Contact Number:	Address on Photo I.D.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

### Emergency Authorization:

In the event of a medical emergency, I authorize Friends of the St. Augustine Amphitheatre and/or its agents, representatives, employees, independent contractors, and/or officers or directors to contact healthcare provider(s) and/or emergency personnel.

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

Print Name \_\_\_\_\_

Date \_\_\_\_\_



**FRIENDS OF THE  
SAINT AUGUSTINE AMPHITHEATRE**



## **FOSAA Music and Arts Camp Photo Permission**

The final day of camp will have all campers performing together on the main Amphitheatre stage. Family and friends enjoy taking photos and videos of the performance. FOSAA will sometimes include photos of the performance on our website.

If you do not want your child/camper to be photographed, please let us know.

Please sign below.

I permit to have \_\_\_\_\_ photographed.

Signature \_\_\_\_\_

I DO NOT permit for \_\_\_\_\_ to be photographed.

Signature \_\_\_\_\_

Sincerely,

Mark Ramirez  
President, FOSAA  
information@fosaa.org





# FRIENDS OF THE SAINT AUGUSTINE AMPHITHEATRE



## Release and Waiver

The undersigned, \_\_\_\_\_ who is the \_\_\_\_\_ of the minor participant, named for and in consideration of the minor's participation in the Friends of the St. Augustine Amphitheatre Music and Art Camp, individually and on behalf of the minor participant, fully releases Friends of the St. Augustine Amphitheatre, its agents, officers, directors, representatives, independent contractors and/or employees (hereinafter collectively "FOSAA") as to any loss(es), damage(s), claim(s), demand(s) and/or liability arising out of, resulting from injury to person, property or death of the above-named minor participant, or the minor participant's property whether or not caused by the act(s), omission(s), and/or negligence of FOSAA during the child's participation in the camp and/or presence on the Premises described as 1340 A1A South, St. Augustine, FL 32080 ("Premises").

The undersigned assumes full responsibility for and risk of bodily injury, death, or property damage to the named participant and/or the named participant's property due to the act(s), omission(s), and/or negligence of FOSAA, arising out of, resulting from or in connection with the above-named participant's participation in the camp and/or being upon the Premises and/or while using the Premises, facilities or equipment located at the Premises.

The undersigned fully and finally waives any demands, claims, and/or actions for damages including both personal injuries, including death, suffered by and/or property damage and all expenses and costs, including attorney's fees and costs, incurred on behalf of the minor participant arising out of, resulting from or in connection with the minor's participation in the camp and/or presence on the Premises.

This Release and Waiver extends and applies to and covers and includes all unknown, unforeseen, unanticipated, and/or unsuspected injuries, damages, losses, and liabilities and the consequences thereof as well as those now possibly foreseeable or known to exist. The provision of any State, Federal, local, or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries, or damages which are unknown or unsuspected to the person executing such Release and Waiver at the time of execution, are hereby expressly waived.

The undersigned has read this Agreement in its entirety and has knowingly and voluntarily signed this Information, Authorization, Release, and Waiver Agreement and further agrees that no oral representations, statements, and/or inducements not stated in this written agreement have been made to the undersigned.

I HEREBY CERTIFY that I am a custodial parent, legal guardian, or \_\_\_\_\_ of the above-named participant(s) and on behalf of myself and said participant(s) hereby agree to the terms stated herein.

I hereby permit my child/children to be photographed or videotaped which may also be used in newspapers and media broadcasts yes \_\_\_\_\_ no \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_