



WCI Arts Center proudly presents  
**RISING STARS 2018**

**Who:** Students in grade K – 8 at the end of spring 2018. *High school students are invited to apply as volunteer assistants for community service. If interested, please email statement of interest and experience to [risingstars@wciarts.org](mailto:risingstars@wciarts.org).*

**What: Rising Stars** is a comprehensive three week theatre experience focused on developing all aspects (script, set, costumes, music, etc.) of a creative, original stage production. Everyone is a star at **Rising Stars**, on stage or off, because each person's light is needed for our final production to succeed. No experience needed! We welcome kids who like to act, sing, play music, write stories, write songs, build things, draw, paint, create things, or just have fun and help out! We will encourage each participant to find and develop their talents; to discover and honor the unique and wonderful person they are; to be no one but themselves.

**When:** Monday-Friday, 1:00-5:00pm, Jul 16-Aug 3; performances 7:30pm, Friday, August 3 and 2:00pm, Saturday, August 4. *Participation is still possible for those not able to attend all three weeks. Contact [risingstars@wciarts.org](mailto:risingstars@wciarts.org) or call 309-836-2782 for more information*

**Where:** West Central Illinois Arts Center, 25 East Side Square, Macomb, IL and Hainline Theatre in Browne Hall on the WIU campus. Performances will take place in Hainline Theatre.

**Fees:** \$75 for the entire three week experience. Financial assistance is available; email [risingstars@wciarts.org](mailto:risingstars@wciarts.org) for information.

**Registration:** Complete and mail registration form with payment to WCIAC, P.O. Box 692, Macomb, IL 61455 or drop off at the Arts Center, 25 East Side Square, during Gallery hours (11am-3pm, Tue-Fri; 10am-4pm, Sat). To register via email contact [risingstars@wciarts.org](mailto:risingstars@wciarts.org).

**Space is limited—register soon!**

**Notes for Parents:**

- Please plan to attend a 15 minute orientation on the first day of camp (12:45pm, Mon, July 16).
- Daily drop off time is 12:45-1:00pm; daily pick up time is 5:00pm.
- Please provide a snack for your child (peanut-free products from peanut free facilities only).
- Water and juice will be available each day.

*For additional information, email [risingstars@wciarts.org](mailto:risingstars@wciarts.org) or call 309-836-2782.*

**Rising Stars 2018 is partially supported by a generous grant from the Tracy Family Foundation.**

**Rising Stars 2018 Registration/Medical Release**

*Separate Registration and Medical/Release forms must be completed for **each** participant.*

**Registration**

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current grade in school (spring 2018) \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other persons authorized to pick child up:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ My child is not to be picked up by anyone other than myself.

\_\_\_\_\_ I give permission for my child to walk or bike home on their own.

My child will not be available to participate on the following dates/times: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical/Release**

Special concerns/medical conditions/allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ In case of emergency, **Rising Stars** personnel have my permission to transport my child to the

Primary Care Physician listed above or to the emergency room at McDonough District Hospital.

\_\_\_\_\_ I release the West Central Illinois Arts Center, its operators, instructors and representatives from responsibility for any and all damages my child may sustain or suffer while attending or participating in the **Rising Stars** program. I assume full financial responsibility for any treatment necessary in the event of personal injury.

\_\_\_\_\_ I give the West Central Illinois Arts Center permission to take and use photographs of my child in promotional materials.

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

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