



Boundless Theatre Company & Producciones El Barrio

Tel: 347-724-3640/ 917-239-0246/ Email: ElBarrioRaicesCamp@gmail.com

## **El Barrio Raíces Summer Program 2024**

### **Application Instructions**

The application period for El Barrio Raíces Summer program is from July 8-25, 2024. Participants will be admitted to the program on a first come, first served basis. The program is open to children between the ages of 9 and 13, who live in the City of New York and its five boroughs.

The program will take place in person with the required protocols to assure the safety of everyone participating of the program. The program will take place at a Manhattan theater, exact location will be announced shortly. There will be a final presentation at the end of the program. It is important that all children complete the curriculum of the program.

**\*The program is free of charge to all participants.**

### **Documents necessary for registering:**

1. Complete application.
2. Sign the program rules document.
3. Sign waiver of responsibility.
4. Photo release form.

### **Documents that you need to submit with application:**

1. Proof of age: Any document that establishes the age of the child. We are accepting children ages 9-13.
2. Evidence that the child resides in NYC. Any official document will be accepted, as long as it has the name of the child or the parents along with the NYC address.

Please send all documents to the following email: [elbarrioraicescamp@gmail.com](mailto:elbarrioraicescamp@gmail.com)

If you have any trouble sending the documents via email, please contact us at:  
347-724-3640 or 917-239-0246.

The program will take place Monday through Friday from 9am to 3pm. July 8-25, 2024.



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### **El Barrio Raíces Summer Program Application 2024**

This program is free of charge for children ages 9-12 that reside in one of the five NYC boroughs.

For questions, please contact via phone or email.

Registration period: March 15th to June 1<sup>st</sup>, 2024.

Program dates: Monday through Friday 9am to 3pm/ July 8-25, 2024

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

Applicant's name: \_\_\_\_\_ Applicant's last name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Please remember to attach proof of age. (Birth certificate, passport, school Id, medical record, any document that confirms date of birth.)

Parent name \_\_\_\_\_ Phone# \_\_\_\_\_

Parent name \_\_\_\_\_ Phone# \_\_\_\_\_

Email \_\_\_\_\_ Additional phone number: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

**Remember to send proof of residence of NYC or any of the five boroughs.**

Emergency contact: \_\_\_\_\_

Relationship with participant \_\_\_\_\_ Phone #: \_\_\_\_\_

At what school is the child currently registered? \_\_\_\_\_

On what school grade is the participant registered for school year 2024-2025? \_\_\_\_\_



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### REGULATIONS AND CODITIONS

1. Registration is limited to 20 students.
2. Participants will be registered on a first comes first served basis.
3. Those children that register in the program, need to be present at all classes.
4. The program is available to children between the ages of 9-13. We require proof of age when registering.
5. The program is for children that live in the five boroughs of NYC. Please provide proof of residence.
6. The program will take place Monday through Friday from 9am to 3pm, July 8-25, 2024.
7. There will be a final presentation July 25, 2024 at 7pm at the Julia de Burgos Performance and Arts Center. There will be in person audience and it will also be broadcasted live on YouTube and on our social media channels. The final presentation is free of cost and it is open to parents, family, friends and anyone interested.
8. El Barrio Raíces Summer Program is free of charge for all participants.
9. If the participant needs to be absent for a justifiable reason, please let us know ASAP.
10. If a participant is absent twice, they won't be able to return to the program.
11. It is important that participants arrive on time to their classes. Two lateness will count as an absence.
12. We provide and encourage an atmosphere of respect between participants, parents and teaching artists.
13. Participants should wear comfortable clothing and shoes.
14. The use of tabaco, drugs (legal or illegal), or alcohol is prohibited. Possession of any of these will result in the termination of the program for that participant.
15. Nondiscrimination policy: El Barrio Raíces Summer Program and its producers: does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients

I (parent/guardian name in print) \_\_\_\_\_ understand the authorizations, regulations and conditions stated on this registration form. I also agree that any violation to the regulation and conditions could result in the expulsion of the participant. By signing this registration, I am agreeing to everything stated in such form.

\_\_\_\_\_  
Name of parent or guardian in print

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date



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**El Barrio Raíces Summer Program Release and Waiver of Liability 2024**

**Parental Consent**

I give consent for my child to participate in all the activities provided by El Barrio Raíces Summer Program, and I execute the above Release and Waiver of Liability on their behalf.

**Participants name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Program dates for El Barrio Raíces Summer Program: July 8-25, 2024**

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releaser, on my own behalf, and on the behalf of my heirs, executors, administrators, legal representatives and assigns to Boundless Theatre Company and Producciones El Barrio, Hispanic Federation, and its sponsors (hereinafter El Barrio Raíces Spring Program)

The undersigned hereby acknowledges that participation in the above-named activity involves inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of El Barrio Raíces Summer Program allowing the undersigned to participate in the above named activity and hereby release and forever discharge El Barrio Raíces Summer Program, Boundless Theatre Company, Producciones El Barrio, Hispanic Federation, its sponsors, their prospective board of directors and employees of any and all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from participation in or in any way connected with the above named activity.

**Consent for treatment**

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating at the El Barrio Raíces Summer Program. It is understood that Boundless Theatre Company, Producciones El Barrio and Hispanic Federation, will provide no medical insurance for such treatment, and that the cost thereof will be at my expense. In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in El Barrio Raíces Summer Program and its activities.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to me or/and my child, and I hereby fully and forever release and discharge El Barrio Raíces Summer Program and its producers: Hispanic Federation, Boundless Theatre Company, and Producciones El Barrio, its officers, sponsors, employees, and insurers including any self-insurance funds of the state for any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in this class.

**I have read and understood the foregoing Release and Waiver of Liability and parental consent form, and agree to all of its terms and conditions.**

\_\_\_\_\_  
Name of parent or guardian

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date



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**Waiver and Release Form for El Barrio Raíces Summer Program 2024**

Photo Release Form for Minor Children

I \_\_\_\_\_ hereby authorize “El Barrio Raíces Summer Program” to publish the photographs taken of me and/or the undersigned minor children, and our names, for use in the promotion of events and for archival purposes, in print and on the following websites, Facebook pages, Twitter, and Instagram: Boundless Theatre Company Inc., Producciones El Barrio and Hispanic Federation. I release Boundless Theatre Company Inc., Hispanic Federation, and Producciones El Barrio, from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize Boundless Theatre Company Inc. , Hispanic Federation, and Producciones El Barrio, to use their photographs and names. I acknowledge that since participation in publications and websites produced by Boundless Theatre Company Inc, Hispanic Federation, and Producciones El Barrio is voluntary, neither the minor children nor we will receive financial compensation. I further agree that participation in any publication and website produced by Boundless Theatre Company Inc., Hispanic Federation, and Producciones El Barrio confers no rights of ownership whatsoever. I release Boundless Theatre Company Inc., Hispanic Federation, and Producciones El Barrio, its contractors, sponsors, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Print name of parent or guardian \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

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Name and age of minor child:

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

Age: \_\_\_\_\_



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**MEDICAL INFORMATION 2024**

**Emergency Medical Information (please fill yes or no)**

Allergy to a medicine, food, plant, animal, or insect\_\_\_\_\_ Describe:\_\_\_\_\_

Is the participant carrying an epinephrine pen?\_\_\_\_\_

Any condition that requires special care, medication or diet:\_\_\_\_\_

Describe:\_\_\_\_\_

- Asthma\_\_\_\_\_
- Contact lenses\_\_\_\_\_
- Seizure Disorder\_\_\_\_\_
- Diabetes\_\_\_\_\_
- Heart Trouble\_\_\_\_\_
- Bleeding Disorder\_\_\_\_\_

**Medical History: (check yes or no)**

	Yes	No	Date	Details
Serious illness	_____	_____	_____	_____
Serious injury	_____	_____	_____	_____

**Does your child have frequent: (circle yes or no)**

- Y/N Eye Infections
- Y/N Ear Infections
- Y/N Throat Infections
- Y/N Respiratory Infections
- Y/N Urinary Tract Infections

**Does your child have: (circle yes or no)**

- Y/N Heart Murmur
- Y/N Rheumatic Fever
- Y/N Stomach/Intestinal Problems
- Y/N Menstrual Problems
- Y/N Hernia
- Y/N Back or Joint Pains

Explain any of the above:\_\_\_\_\_

Has the child had Chicken Pox? Yes\_\_\_\_ No\_\_\_\_ If yes, when? Date\_\_\_\_\_

Has the child had Mumps? Yes\_\_\_\_ No\_\_\_\_ If yes, when? Date\_\_\_\_\_



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Has the child been exposed to a contagious disease within the past three weeks? \_\_\_\_\_

Has the child had lice in the past six months? \_\_\_\_\_

Does this child take any medication on a regular basis? Yes \_\_\_ No \_\_\_ If yes, explain:

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Will the medication need to be administered during program hours? \_\_\_ Yes \_\_\_ No

If your answer is yes, list medications and directions for taking the medicine: **(Please note that we are not allowed to administer medication to the participants, they would need to administer it to themselves.)**

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Is your child allergic to any foods? \_\_\_ Yes \_\_\_ No.

If you answered yes, please explain: \_\_\_\_\_

Is your child allergic to latex, make-up, any fabrics or any other material? \_\_\_ Yes \_\_\_ No

If you answered yes, please explain: \_\_\_\_\_

Is your child allergic to any medicines? \_\_\_ Yes \_\_\_ No

If you answered yes, please explain: \_\_\_\_\_

**\*If there's a medical emergency, the program will inform the parents or guardians right away. If urgent medical attention is needed the program director will contact the parents or guardians and also contact 911. Directors, teachers, and staff are not trained as medical professionals; they will contact 911 or the local hospital if needed.**

To the best of my knowledge, the above information is correct. I give my child permission to participate in all program activities and trips. In the event of accident or illness, I authorize the program to contact 911 in case of a medical emergency.

Name of participant \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_



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