



## **REGISTRATION FORM | YOUNG ACTORS GUILD | SUMMER 2017 FIVE WEEK CENTER STAGE PROGRAM : JULY 5 – AUGUST 4 ( show dates through August 6)**

### **Held on the RPI Campus at the Playhouse and Mueller Center**

The Young Actors Guild of the Capital Region is entering our 28th year, teaching the performing arts to students ages 7-18. The Young Actors Guild's mission is to provide a safe, supportive, and non-competitive environment in which, through participation in theater arts, young people can develop strong self-esteem, self-confidence, and valuable life skills.

Yearly the program serves approximately 225 children from over 40 Capital Region public, independent, and parochial schools. Classes in acting, singing, movement, and dance are offered and students have the opportunity to perform in one or more professionally done productions following each session.

Come join us for another awesome summer of theatre! This summer's shows will be chosen based on registration. Students will be grouped according to age for classes. Here is a sampling of some of the courses we may be offering this summer:

**Acting and Theatre:** Our Acting Workshop gives participants an understanding of the skills required to stage and perform in successful productions. The curriculum is designed to develop the skills and knowledge necessary for the many faceted discipline of theatre arts including pantomime, speech and diction, and improvisation.

**Musical Theatre Appreciation:** Our Musical Appreciation Course is an activity and fun-filled course where the participants are involved in activities related to watching and critiquing musical theatre and listening to and talking about songs. During the course, participants will engage in all kinds of musical theatre from different genres and songs which have been carefully selected by the instructor.

**Dance and Movement:** Our students study different styles of dance. Each class will begin with a ballet warm-up and then the instructor takes the participants through a series of movement, combination, and leaps. This class includes a variety of appropriate musical genres. Each class then prepares a dance performance to be staged for our end of program "Informance."

**Music Theory and Voice:** Our music class concentrates on two main skills. The first is composition and theory which many students have not had the opportunity to study, and the other is voice. Our voice classes concentrate on appropriate posture, breathing and of course the joy of singing. Each class aims to produce some music stylings, to be performed at our "Informance."

**Stage Combat:** Stage Combat is a specialized technique in theatre designed to create the illusion of physical combat without putting the actors at risk of personal harm. This is all staged while looking realistic and spontaneous to the audience.

***For Further Information PLEASE CALL Mary D'Amico, YAG DIRECTOR, at (518) 478-5326***

# STUDENT REGISTRATION FORM | YOUNG ACTORS GUILD | SUMMER 2017

## FIVE WEEK CENTER STAGE PROGRAM: JULY 5 – AUGUST 4

**PERSONAL INFORMATION – Use one form per student \*\*\* Please make a copy for your records \*\*\***

Complete all parts of this registration and mail to: Mary D'Amico, Director, Young Actors Guild, P.O Box 624, Wynantskill, NY 12198

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Date of Birth: Age: \_\_\_\_\_ Sex (M/F/Other) \_\_\_\_ Grade entering (Sept. 2014): \_\_\_\_\_

Current School Name: \_\_\_\_\_

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

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

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

Parent/Guardian E-Mail Address: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Home City: \_\_\_\_\_ Home State: \_\_\_\_\_ Home Zip: \_\_\_\_\_

**PROGRAM HOURS** The program hours run from 9:00am – 3:00pm. Drop off 8:30-9:00am & Pick-Up 3:00-3:15pm. Before and after care hours are listed below. Parent/Guardian or someone designated by the Parent/Guardian must sign the student in at drop off and out at pick up. All students should bring their lunch. There is no refrigeration. Snacks and drinks will be available during lunchtime.

Five-Week Summer 2015 Center Stage Program: July 5-August 4, 2016 - Day Session - Ages 7-18

**Five-Week Program Cost: \$1100 per student. Registration is limited. A non-refundable deposit of \$100.00 must accompany this registration. \$500 due March 15, \$500 Due May 30.**

**Returning students receive a \$50 discount in tuition.**

**Pay in Full by April 30 and save another \$50!**

**Partial Scholarships are available, please email request to [bestyagever@gmail.com](mailto:bestyagever@gmail.com)**

**Refer a friend and receive \$50 off tuition upon receipt of friend's full paid tuition.**

### BEFORE AND AFTER CARE

Before and after care is available for designated weeks beginning at 7:30am until 5:30pm sharp each day. The fee is \$35.00 per week, or \$20.00 for just mornings or just afternoons each week. *In order for YAG to assess the needs for this service, it is necessary to sign up for this program at the time of registration.* There will be a \$5.00 charge for every five minutes children are picked up late.

I will need the following weeks for my child:

**JULY 5 – 7**  **AM**  **PM**  **\$15.00 for each or \$21.00 for both**

**JULY 10 - 14**  **AM**  **PM**  **\$20.00 EACH or \$35.00 both**

**JULY 17 - 21**  **AM**  **PM**  **\$20.00 EACH or \$35.00 both**

**JULY 24 - 29**  **AM**  **PM**  **\$20.00 EACH or \$35.00 both**

**July 31 - AUG. 4 \***  **AM**  **PM**  **\$20.00 EACH or \$35.00 both**

\*(There is no after care on Friday, August 4. Parents are expected to bring their children home after the Informance, which is held on that day at 1:00pm)

**T-SHIRT**

A YAG program t-shirt is required to be worn every day during the program. Each student will be provided with one free YAG summer program t-shirt. THE T-SHIRT IS REQUIRED. Please state your child's size below and if you would like to order extra YAG t-shirts now, please indicate below, we do not stock shirts so orders must be placed.

Sizes for T-shirt: Children's (S, M, L, XL) or Adult (S, M, L, XL)

Extra shirt(s): \_\_\_\_\_ Additional \$15.00 each: \$\_\_\_\_\_

**Student Visit/Pick-Up Authorization: Select one;**

Parent(s)/Guardian(s) is (are) the only individual(s) authorized to drop-off/pick-up/visit the student.

The parent(s)/guardian(s) will not be the sole person(s) dropping-off/picking-up/visiting the student. A list of names of the people with permissions to drop-off/pick-up/visit the student will be submitted to Mary D'Amico at bestyagever@gmail.com prior to the first day.

**Media Release:**

In consideration of value received, the receipt of which is hereby acknowledged, I hereby give The Young Actors Guild LLC, its legal representatives and assigns and those acting with permission of Young Actors Guild or employees of Young Actors Guild, the right and permission to copy write and/or use, reuse and /or broadcast and republish still photographs, motion pictures, digital media, videotapes and/or associated or independent audio recordings of me, on reproductions thereof in color, or black and white made through any media, for any purpose whatsoever, including the use of any printed matter in conjunction therewith. I hereby waive and right to inspect or approve the finished still photographs, motion pictures, digital media, videotapes, and/or associated or independent audio recordings, or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied. I hereby release, discharge and agree to save harmless The Young Actors Guild LLC, its representatives, assigns, employees or any person or persons, corporation or corporations, acting under its permission or authority or any person, persons, corporation or corporations, for whom it might be acting, including any film publishing and or distribution the finished product, in whole or in part, from and against any liability as a result of any distribution, blurring or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its, publication, distribution or broadcast.

Acting as parent/guardian of this student, I join in and agree to be bound by this release/hold harmless document

**PRINT STUDENTS NAME** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

Date \_\_\_\_\_

**Please mail all payment to Young Actors Guild LLC, P.O. Box 624, Wynantskill, NY 12198**

**Make checks or money orders payable to: Young Actors Guild LLC**

# MEDICAL HISTORY FORM | YOUNG ACTORS GUILD | SUMMER 2017

Use one form per student \*\*\* Please make a copy for your records \*\*\*

Complete and return to;  
Young Actors Guild LLC,  
Mary D'Amico, Director,  
P.O. Box 624 Wynantskill, NY 12198 or e-mail to maryally25@gmail.com

Name: \_\_\_\_\_ Program Attending: \_\_\_\_\_

**I. Personal Information – Required for all participants under 18 years of age**, participating in The Young Actors Guild 5-week program. Complete sections I-VI of this form, and supplemental medication forms if indicated.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: Sex (M/F/Other) \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

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

## Emergency Information

**Parent/Guardian with legal custody to be contacted in case of illness or injury:**

Name : \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

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

**Second parent/guardian or other emergency contact:**

Name : \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

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

**II. All participants in the Young Actors Guild 5 week summer programs are required to have Health Insurance, and must supply a copy of the insurance card (front and back) with the application. Please complete the information below and attach a copy of the insurance card.**

Insurance Company Name: \_\_\_\_\_ Policy Number : \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

A copy of the insurance card is attached

***I give permission to Young Actors Guilds staff to consent to medical treatment/healthcare services without limitation, on behalf of my/our child/children in my/our stead as may be deemed necessary proper or prudent in the discretion of said agent, employee and/or chaperone.***

\_\_\_\_\_  
Signature of parent/legal guardian Date

## **ASSUMPTION, RELEASE AND INDEMNITY AGREEMENT**

I, \_\_\_\_\_, am a willing participant in the above-named event, and fully understand that there may be risks inherent in or associated with my participation in this activity. I hereby **ASSUME ANY AND ALL RISK** of bodily and personal injury, death, and damage to personal property, whether known or unknown, foreseen or unforeseen inherent in or associated with participating in this activity. Furthermore, I hereby **RELEASE FROM LIABILITY** and agree to **INDEMNIFY AND HOLD HARMLESS** Young Actors Guild LLC, its students, agents, and employees, for claims of any kind for known or unknown, foreseen or unforeseen bodily and personal injuries, death or damage to property which may arise, result from, or be associated with my participation in this activity.

I understand that this is an **ASSUMPTION OF RISK** and **RELEASE FROM LIABILITY** that will legally **PREVENT** me or any other person claiming under me from filing suit or making any other legal claim for bodily and personal injury, death, or damage to personal property sustained by me. I, nevertheless, enter into this agreement freely and voluntarily and agree that it is binding on me, my heirs, assigns, and legal representatives.

Please sign **HERE**: \_\_\_\_\_