



# ADIRONDACK CENTER STAGE

## 2019 Summer Theatre Workshop

Open to ages 8 - 18 [www.adkcenterstage.org](http://www.adkcenterstage.org)



**To Register:** Space is limited to first 40 registered, so don't delay! Complete both sides of this form. Use a separate form for each child. Enclose registration fee of \$175.00. Cash or check/money order payable to Adirondack Center Stage with "Theatre Workshop" on the memo line. **Please Mail by June 1, 2019 to:**

Adirondack Center Stage, PO Box 53, Corinth, NY 12822. phone: 518-744-7396 email: [adkcenterstage@gmail.com](mailto:adkcenterstage@gmail.com)  
Cancellation processing fee is \$20.00 up until July 1. After that date, there is no refund.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age on 7/26/19: \_\_\_\_\_ Entering Grade \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

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

Phone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

T-Shirt Size (Youth or Adult, S, M, L, XL): \_\_\_\_\_ Height: \_\_\_\_\_ Dress size: \_\_\_\_\_ Pants size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

**MEDICAL EMERGENCY INFORMATION:** Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Doctor \_\_\_\_\_

Medications and/or Medical Concerns: \_\_\_\_\_

Allergies \_\_\_\_\_

**DISCIPLINARY GUIDELINES:** Adirondack Center Stage's (ACS) 2019 Summer Theatre Workshop (ACS2019STW) participants will be very busy creating the best possible production in Corinth. The ACS2019STW staff will not have the time to deal with any extraordinary disciplinary problems that may arise. We will contact the parents at home if necessary and, if the problem persists, the child will be asked to leave the group. There will be no refund. Participants are asked to be at rehearsals and workshops each day. **Attendance at all the program dates is critical to the success of the show.** If you have any conflicts with any of the rehearsal dates, please let us know as soon as possible.

**Dates I cannot be at rehearsal:** \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION:** The above-named child is in good health and has my permission to participate in the Adirondack Center Stage Summer Theatre Workshop. In the event that I cannot be reached in an emergency requiring medical attention, I hereby grant permission to the ACS2019STW staff and volunteers to transport my son/daughter to a doctor or hospital and to physician or hospital personnel designated by the staff to attend my child.

**LIABILITY WAIVER:** I hereby enter into this Release of Liability Waiver for the purpose of authorizing my participation in the enrichment activities, field trips, fund raising events, hands on set and costume production, and other educational activities in relation to the performing arts and the above workshop. I acknowledge that this is a voluntary activity for which I freely am taking part. I further agree, in consideration of my participation in the Workshop activities, including all necessary preliminary and follow-up activities associated with said Workshop, to indemnify, release, hold harmless and discharge the Board of Directors of the ACS, and/or their officers, trustees, agents, and volunteers from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or damage to any property belonging to me whether caused by the negligence of the ACS.

**VIDEO/PHOTO AUTHORIZATION:** I hereby grant the ACS2019STW the right to use photograph(s), video(s), or interview quote(s) of the above-named child for the purpose of promoting and/or advertising the benefits of the ACS2019STW.

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Student Signature

Parent/Guardian Signature

Date

Please note: Partial scholarships are available. Please indicate, in writing, your desire to be considered as a recipient. All monies will be distributed fairly. The amount of your award will be determined by the number of requests received.

## **Student Questionnaire:**

List previous experiences in theatre: \_\_\_\_\_

Musical talents: \_\_\_\_\_

Dance experience: \_\_\_\_\_

Other talents or interests: \_\_\_\_\_

Please write a short biography (60 words or less) that we can publish in the program (see last year's program):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Every participant will have opportunities to help with the set, props, and costumes. We also encourage participation of students who want to be more involved backstage than onstage. Are you *primarily* interested in working backstage? \_\_\_\_\_ Check your interests:**

\_\_\_\_\_ painting sets \_\_\_\_\_ light/sound \_\_\_\_\_ advertising/promotion (posters/fliers/lobby display)

\_\_\_\_\_ makeup/hair \_\_\_\_\_ costumes \_\_\_\_\_ student assistant producer (program design, etc.)

\_\_\_\_\_ props \_\_\_\_\_ usher/tickets \_\_\_\_\_ other (please describe): \_\_\_\_\_

## **Parent Questionnaire:**

Volunteers are needed in the following areas. Please indicate your area of interest or talent:

\_\_\_\_\_ photography \_\_\_\_\_ videotape rehearsals \_\_\_\_\_ artist skills (set design, painting)

\_\_\_\_\_ sewing \_\_\_\_\_ videotape show \_\_\_\_\_ dance/choreography experience

\_\_\_\_\_ organize refreshments (for intermissions) \_\_\_\_\_ theater skills: (makeup, lights, etc.) \_\_\_\_\_ help during program rehearsals

\_\_\_\_\_ organize refreshments (for rehearsals) \_\_\_\_\_ carpentry \_\_\_\_\_ Ticket sales and/or printing

\_\_\_\_\_ other ways I'd like to help (please describe) \_\_\_\_\_

\_\_\_\_\_