



# Fall 2013

PLEASE COMPLETE AND RETURN  
REGISTRATION FORM TO:  
**MARY D'AMICO, DIRECTOR**  
**YOUNG ACTORS GUILD**  
RU 3702  
110 8<sup>TH</sup> ST.  
TROY, NY 12180  
(518) 276-6505

**SEMESTER WILL CULMINATE IN A  
FULL-SCALE MUSICAL PRODUCTION,  
SHOW TO BE ANNOUNCED UPON  
COMPLETION OF REGISTRATION!**  
 **CENTER STAGE (Includes Classes and  
Show) --\$400.00**  
 **BACK STAGE-CLASSES ONLY- \$300.00**  
**Classes run Saturdays  
September 21 - December  
7. NO CLASS on the Weekend  
of October 12<sup>th</sup>.**

**TENTATIVE SHOW DATES:  
Dec. 6, 7, 13 & 14**

***\$100 Non-Refundable deposit is due with registration.  
Center Stage: Next \$150.00 due by October 15<sup>th</sup>, and last \$150 due by November 15<sup>th</sup>  
Back Stage: Next \$100 due by October 15<sup>th</sup>, and last \$100 due by November 15<sup>th</sup>.  
(UNLESS OTHER ARRANGEMENTS ARE MADE WITH Heather Showers AT 276-6505)***

STUDENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ SCHOOL \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ PARENT'S EMAIL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**IT IS IMPORTANT TO THE ENTIRE CAST AND STAFF THAT THE STUDENT PARTICIPATES IN ALL WEEKS OF THE PROGRAM.**  
If you are aware of any days that your child will not be able to attend the program, please list them below:

\_\_\_\_\_  
**IF YOU BECOME AWARE OF ANY NECESSARY ABSENCES, PLEASE INFORM US BY CALLING 276-2364 AND LEAVE A VOICE MAIL  
IF A STUDENT MISSES 3 REHEARSALS THEY WILL NOT BE ABLE TO PARTICIPATE IN THE PRODUCTION.**

## **IN CASE OF AN EMERGENCY:**

CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_

DOCTOR'S ADDRESS \_\_\_\_\_

List all allergies \_\_\_\_\_

List all medications being taken \_\_\_\_\_

List all medical problems of which we should be made aware \_\_\_\_\_

**I give permission to Young Actors Guild 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.**

**Insurance Provider** \_\_\_\_\_ **ID#** \_\_\_\_\_

**MEDIA RELEASE**

In consideration of value received, the receipt of which is hereby acknowledged, I hereby give RENSSELAER POLYTECHNIC INSTITUTE, its legal representatives and assigns, and those acting with permission of Rensselaer Polytechnic Institute or employees of Rensselaer Polytechnic Institute, the right and permission to copy write and/or use, reuse and/or broadcast and republish still photographs, motions 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 any 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 Rensselaer Polytechnic Institute, 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 firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, 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. As parent of this student, I join in and agree to be bound by this release/hold harmless document.

I understand and accept the above information.

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

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PAYMENT**

- Check or money order enclosed – payable to RPI Young Actors Guild
- Visa or  MasterCard (For your security credit card payments must be phoned in to Heather Showers at 518-276-6505.)