



Spring 2014

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

OUR PRODUCTION FOR THIS, OUR 25TH
SPRING SEMESTER AT RPI, WILL BE OUR
BIANNUAL PRODUCTION OF:



**SHOW DATES: May 16 & 17
@ 7:30pm, and May 18 @ 2pm**

Classes take place on Saturdays, Feb. 22–May 3, from
9:30am–12:30pm. NO CLASS on the weekend of April 19th

CENTER STAGE (Includes Classes and Show) -----\$400.00
(Rehearsals will be on Saturday afternoons immediately following
classes. A separate rehearsal schedule will be sent home the first week
of YAG.) No rehearsals on April 19.

BACK STAGE-CLASSES ONLY- -----\$300.00
Classes take place from 9:30 – 12:30 Saturday mornings – No Class on
April 19th.

On Stage Only—(Ages 15 & up)—NEW!
“JOSEPH AND THE AMAZING TECHNICOLOR DREAMCOAT”-----\$250.00
Rehearsals will take place on Saturday afternoons from 1 – 5pm. (No rehearsals on April 19)

Private Guitar Lessons -10 classes taught by Will Brown, Local Musician-----\$200.00
Guitar lessons - Will tailors his guitar lessons around his students' interests. Using those interests, Will
balances the lessons with helpful suggestions and guidance to help his students succeed as guitarists while
developing their own musicianship in a fun environment.

\$100 Non-Refundable deposit is due with registration for all programs!
Center Stage: Next \$150.00 due by March 15th and last \$150 due by April 15th
Back Stage: Next \$100 due by March 15th and last \$100 due by April 15th
On Stage Only: Next \$75.00 due by March 15th and last \$75.00 due by April 15th
Guitar Lessons - Next \$100 due by April 15th

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 on the next page:

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 _____

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.)