

REGISTRATION FORM | YOUNG ACTORS GUILD | SUMMER 2018 FIVE WEEK CENTER STAGE PROGRAM :JULY 9 - AUGUST 10 (Show dates through August 11)

Held on the RPI Campus at the Playhouse and Mueller Center

The Young Actors Guild of the Capital Region is entering our 29th 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 2018 FIVE WEEK CENTER STAGE PROGRAM: JULY 9 – AUGUST 10

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 I	Name:	_
Date of Birth: Age:	Sex (M/F/Other) Grade o	entering (Sept. 2018):	_
Parent/Guardian Name(s	s):		
Home Phone:	Cell Phone	e:	_
Work Phone:			
Home Mailing Address: _			
Home City:	Home State:	Home Zip:	_
There is no refrigeration Five-Week Summer 20 Five-Week Program Co \$200.00 must accomp full payment due by M available. Returning students re Partial Scholarships a	. Snacks and drinks will be available 15 Center Stage Program: July 9 - 10 cost: \$1100 per student. Registrany this registration, suggested ay 30th. We will accept regist ceive a \$50 discount in tuition	August 10, 2018 - Day Session - Ag ration is limited. A non-refundated deadline for registration is A trations right up to May 30th, if the last to bestyagever@gmail.com	es 7-18 able deposit of April 15 , with there are spots
BEFORE AND AFTER CA Before and after care is a fee is \$40.00 per week, o needs for this service, it is	ARE available for designated weeks begower \$25.00 for just mornings or just mecessary to sign up for this prograutes children are picked up late.	ginning at 7:30am until 5:30pm sha afternoons each week. <i>In order for</i> cam at the time of registration. Then	YAG to assess the
 □ JULY 16 - 20 □ AN □ JULY 23 - 27 □ AM □ JULY - 30 - AUG 3 	I □ PM □ \$25.00 for each or M □ PM □ \$25.00 EACH or □ I □ PM □ \$25.00 EACH or □ B □ AM □ PM □ \$25.00 EACH □ AM □ PM □ \$25.00 EACH	□ \$40.00 both □ \$40.00 both CH or □ \$40.00 both	

^{*(}There is no after care on Friday, August 10. Parents are expected to bring their children home after the Informance, which is held on that day at 1:00pm)

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 an
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

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

Parent/Guardian's Signature

T-SHIRT

MEDICAL HISTORY FORM | YOUNG ACTORS GUILD | SUMMER 2018

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. Parent/Guardian Email Address: Home Mailing Address:_____ _____ State: _____ Zip: ____ **Emergency Information** Parent/Guardian with legal custody to be contacted in case of illness or injury: Name : _____ Relationship to camper: _____ Home Phone: ____ Work Phone: ____ Work Phone: ____ Second parent/guardian or other emergency contact: Name : _____ Relationship to camper: _____ Home Phone: ____ Cell Phone: ____ Work 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:____