



Our Acting & Theatre Workshop will help participants to gain an understanding of the skills required to stage and perform in successful productions. The curriculum is designed to develop the skills and knowledge of the participants in the multi-faceted discipline of theatre arts including creative movement, mime, improvisation, and scene-work.

We are happy to announce that we will be holding a one week camp the week of August 12-16. Camp will run from 9am - 3pm, with pick-up and drop off between 8:30 - 9 am and 3- 4pm. We will do improvisation, acting games, music and other creative activities.

The program will cost \$250.00. We must have at least 10 students registered to hold the camp. You will be notified after the deadline if we will not have the camp.

STUDENT NAME	AGE	
ADDRESS		
Parent E-mail Address		_
Home Phone#	Work#	
Cost of program is as follows:		

- \$50.00 NONREFUNDABLE registration fee due with registration.
- Deadline for registration is May 30
- \$200.00 Balance due by June 30
- TOTAL COST: \$250.00 Mail to: P.O. Box 624, Wynantskill, NY 12198

I wish to register my child for the following program:

□August 12 - 16

Checks should be made out to Young Actors Guild

Medical Form

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#	
Parent/Guardian Signature	Date	
Parent/Guardian Name (Please Print)		



Young Actors Guild 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_____