

# Summer Musical Theatre Workshop 2016

## Parent / Guardian Registration and Consent Form



**Important!** We must have a fully completed registration form for each child participating in the workshop. Please do not leave any information uncompleted. No child will be considered fully registered until we have a completed registration form and payment has been made.

If you are applying for a scholarship, please complete and return this registration form first. The application for scholarship / financial aid must also be completed in full with your portion of the payment received before your child will be considered fully registered.

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**Class, activity or workshop:** SUMMER MUSICAL THEATRE WORKSHOP 2016

**Dates:** Mondays – Fridays, August 1-12, 2016    **Time:** 9:00 AM – 2:00 PM

**Location:** Oakhurst STEAM Academy Auditorium, 4511 Monroe Road, Charlotte, NC 28205

**Location phone:** (980) 343-6482

**Instructors:** John Coffey, Stephanie Foster, William Watkins

**Instructor phone contact:** (704) 537-3341

**Breakfast and lunch** will be provided each day — **except for Friday, August 5** — by Charlotte/Mecklenburg Schools. **On Friday, August 5, each student will need to bring his or her own lunch.** The Foundation provides a simple, nutritious snack each morning at approximately 10:15 AM.

### Each student will need:

- **To wear comfortable clothes:** jeans, sneakers, t-shirts, etc.
- **To provide his or her own tap shoes or pay a rental fee of \$25.**
- **To come prepared the first day with a memorized short poem, story or monologue (no more than 1 minute long) and be ready to recite or perform it for the group.**
- **To be willing to try new things!!!:** theatre games, singing, movement/dance, creating stories and scenes, presenting their work to others

**Expenses:** The registration fee for the entire two-week program is \$300. There is an additional shoe rental fee of \$25 for tap shoes for students who not bring their own tap shoes. There should be no additional expenses beyond these amounts.

**Scholarships:** Scholarships are available upon application to those who cannot pay the full amount for the classes or for tap shoe rental. Scholarship application information requires **certain financial data disclosures and verification.** Please complete the scholarship application **in full** (including all supporting financial information) right away to be considered for reduced fees!

*A copy of our Youth Safety Policy and Guidelines is available upon request.*

**Please answer the following questions and complete the entire form:**

What is your child's name? \_\_\_\_\_

How old is your child? \_\_\_\_\_ What is his or her birthdate (day, month,, and year)? \_\_\_\_\_

What is your child's experience with music, dance and drama (acting)? \_\_\_\_\_

\_\_\_\_\_

Does your child play any musical instrument(s)? \_\_\_\_\_ If so, which ones? \_\_\_\_\_

Why do *you* want your child to participate in this workshop? \_\_\_\_\_

\_\_\_\_\_

Why does *your child* want to participate in this workshop? \_\_\_\_\_

\_\_\_\_\_

What size t-shirt does your child wear? \_\_\_\_\_

Will you need to rent tap shoes from us? \_\_\_\_\_ If so, what size *street shoe* does your child wear? \_\_\_\_\_

My child/youth \_\_\_\_\_ has permission to participate in the **SUMMER MUSICAL THEATRE WORKSHOP**. He / she is in good physical condition and has not had any serious illness or operation since his / her last health examination. During this activity, I may be reached at:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name and address: \_\_\_\_\_

Relationship to the participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional remarks (please include any information on allergies, behavioral issues, list medications, and any other special instructions). \_\_\_\_\_

\_\_\_\_\_



**IMPORTANT!!! PLEASE NOTE:**

- We cannot provide transportation to or from this activity.
- We cannot provide refunds or makeup classes for missed sessions or cancellations after registration.
- We are not responsible for providing any special provisions nor can we be held responsible or liable in any way for any special needs or health-related issues not disclosed on this form at the time of application.
- We reserve the right to terminate any student's enrollment at any time, in our sole discretion, for any behavioral difficulties. No refunds will be provided.

\_\_\_\_\_  
Signature of Custodial Parent / Guardian

\_\_\_\_\_  
Date