



**The Matthews Opera House and Arts Center
Froelich Young Actors Guild
Children's Theater Camp June 2 - 27, 2021**

This summer's program will consist of two separate performances based on age group:

<p>Group A is for students entering 7th-12th grade, performing <i>All I Really Need to Know I Learned by Being In a Bad Play</i></p> <p>Workshop: Monday-Friday 9 am-12pm Wednesday, June 2 to Friday, June 25</p> <p>Performances: Saturday, June 26 @ 7pm & Sunday, June 27 @ 2pm</p>	<p>Group B is for students entering 2nd-6th grade, performing <i>Once Upon a Shoe</i></p> <p>Workshop: Monday-Friday 1pm-4pm Wednesday, June 2 to Friday, June 25</p> <p>Performances: Friday, June 25 @ 7pm & Sunday, June 27 @ 2pm</p>
<p><i>June 27 will feature both Group A and B performances with a 15 minute intermission</i></p>	

PLEASE FILL OUT REGISTRATION FORM COMPLETELY

There is a required age range for the child actors. The youngest age group of children must be entering **2nd grade in the Fall of 2021** (no exceptions) and the oldest is **18 years of age or entering their senior year of high school by Fall of 2021** (no exceptions). A maximum of 2 children per family, per group is allowed to register. ***All children must be current on vaccinations, including the Covid-19 vaccination, if available at the time of registration.***

REGISTRATION DEPOSIT

There is a \$50 deposit per child to participate. This deposit is considered a donation to The Matthews Opera House to support this program. The deposit will be refunded, only if requested, when the child(ren) successfully completes the entire summer theater camp, through both performances. *Please note* - deposits will NOT be refunded if the child(ren) withdraws before or during theater camp. Scholarships are available for approved students by contacting the Matthews Opera House Executive Director at director@matthewsopera.com.

APPLICATION
Froelich Young Actors Guild
Theater Camp: June 2 - 27, 2021

PARTICIPANT INFORMATION

Name: _____ Age: _____
First/Last (print legibly) (age at the end of May 2019)

What grade is your child entering in the Fall of 2021? _____

Which role your child interested in: *Onstage Acting Role* *Backstage Non-Acting Role*

PARENT/GUARDIAN INFORMATION

Email address* (**required**) : _____

*This will be the primary way we contact you and your child for rehearsal and play notifications.

Address: _____
Street / City / State / Zip Code

Parent/GuardianName: _____

Parent/Guardian Phone (including area code): _____ Alt. Phone: _____

Parent/GuardianName: _____

Parent/Guardian Phone (including area code): _____ Alt. Phone: _____

EMERGENCY CONTACT (If parents/guardians cannot be reached)

Full Name and relation: _____ Phone: _____

MEDICAL INFORMATION

Please enter any allergies, medical, or health issues that will be important for the safety of your child.
All participants must be current on their vaccinations. Please include a vaccination record for each child with a registration packet. _____

SCHEDULE CONFLICTS

Please list any possible conflicts with both rehearsal and show dates. **Missing more than two rehearsals will require the director's approval and may affect what role the child will be able to play.**

REGISTRATION INFORMATION

Registration is on a first-come basis. After registration is full, a waiting list will be started. The complete packet of registration forms and the full deposit must be received for your registration to be complete and accepted. An incomplete registration will not be accepted.

All registrations must either be postmarked or dropped off at The Matthews by May 26.

Note: Camp may be full before this date. Registration status will be confirmed after May 26.

Please do not contact staff at The Matthews prior to this date to inquire about the status.

Be sure to include:

- Completed Registration Form (Participant and Parent/Guardian Information)
- Signed Medical & Liability Release Form
- Completed Pick-Up & Drop-Off Information Form
- Signed Participant Contract
- Current vaccination record for each child
- \$50 deposit for each participant (Checks payable to *The Matthews Opera House*)

All forms are included in this packet.

Parent/Guardian Support:

This program cannot succeed without your help! How can we count on you?

- Helping during rehearsals (2-3 volunteers needed for each rehearsal)
- As usher or helper during performances (4 volunteers needed for each performance)
- Set building
- Assisting with set clean-up after Sunday's performance
- Helping with costumes
- Applying stage makeup before the performances
- Sponsoring an ad in the program

MEDICAL & LIABILITY RELEASE
Froelich Young Actors Guild
Theater Camp: June 2 - 27, 2021

Medical Release

In the case of an emergency and I cannot be reached, I authorize the staff and volunteers of the ***Matthews Opera House & Arts Center*** to obtain whatever medical treatment deemed necessary for the welfare of my child.

I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees. I have identified all medications my child is currently taking on the registration form, as well as provided any other pertinent medical information that would be necessary if my child needed emergency treatment.

Printed Name: _____ Signature: _____

Liability Release

I hereby give my consent for my child's participation in the Froehlich Young Actors Guild's summer youth theater camp at the Matthews Opera House & Arts Center from June 2-27, 2021. I understand that participation may involve some degree of physical risk. I have carefully considered this risk and I hereby give my child, _____, permission to participate. I hereby absolve and release the Matthews Opera House & Arts Center and its staff, volunteers, board members, and other representatives, from any and all claims and liability for any injuries and damages that may be incurred by my child in the activities sponsored by this program. Having read and understood, and being in agreement with this document, I have signed and dated this agreement below:

Parent Name (Printed): _____

Child's Name (Printed): _____

Parent Signature: _____ Date: _____

Email any questions to: director@matthewsopera.com

DROP-OFF and PICK-UP INFORMATION
Froelich Young Actors Guild
Theater Camp: June 2 - 27, 2021

DROP-OFF INFORMATION:

Person responsible for dropping off your child(ren):

Name: _____ Phone: _____

-or-

My child will be arriving each day by: walking/bike bus other: _____

PICK-UP INFORMATION:

Person responsible for picking up your child(ren):

Name: _____ Phone: _____

-or-

My child will be leaving each day by: walking/bike bus other: _____

NOTE: If there is a change to any drop-off or pick-up instructions at any time, the staff requires a **signed** note from the parent/guardian.

Please initial to confirm reading & agreeing to this statement. Initials _____

The front door of The Matthews Opera House will be open every rehearsal day at 8:45am until 9:15am for Group A and 12:45pm until 1:15pm for Group B. After these times, the doors will be LOCKED.

Please initial to confirm reading & agreeing to this statement. Initials _____

PARTICIPANT CONTRACT
Froelich Young Actors Guild
Program: June 2 - 27, 2021

I agree to be a participating member of the Froelich Young Actors Guild's production.

I will:

- Come to all rehearsals prepared and on time
- Always be respectful of my teachers and my fellow participants
- Ask the directors if I have a question
- Learn my part and perform to the best of my abilities
- Pitch in when help is needed
- Keep my electronics on silent and in my bag
- Have fun

I understand that failure to follow these guidelines may prevent me from being able to perform in the show.

Printed Name: _____

Signature: _____ Date: _____