

Production Conflict Form

“Regular attendance is an obligation assumed by every student at the time of registration. Absences per show should not exceed the number of hours that a class meets per week. Absences in excess of the maximum may result in students being dropped from the cast.”

INSTRUCTIONS: Please list those events and activities that you are unable or unwilling to miss or reschedule in order to attend rehearsal. Please realize that it is critical to successful casting and rehearsal scheduling to be as complete and accurate as possible. Please remember that these are NOT excused absences and will count towards the maximum allowable absences.

You may not know every conflict at this point. Be as accurate as you can and remember that **you may amend this sheet in writing at any point up to Callbacks**. Thank you for your understanding.

PART ONE: WEEKLY COMMITMENTS For example, please list any YACM lessons, rehearsals, or performances. Please also list other conflicts such as; tutoring, athletic events, religious education, choir performances that you cannot miss or reschedule)

IF NO CONFLICTS, WRITE “NONE.”

Mondays *after 4pm*

Conflicts: _____

Tuesdays *after 4pm*

Conflicts: _____

Wednesdays *after 4pm*

Conflicts: _____

Thursdays *after 4pm*

Conflicts: _____

Fridays *after 4pm*

Conflicts: _____

Saturdays *between 9am and 6pm*

Conflicts: _____

Sunday *after 12 noon (performance week only)*

Conflicts: _____

PART TWO: SPECIAL EVENTS For example, please list vacations, weddings, birthdays, dance concerts, graduations, holidays, religious activities, anniversaries, visits, ballgames or performances for which you hold tickets that you cannot miss or reschedule. **Please write the exact date and event. IF NO CONFLICTS, WRITE “NONE.”**

PART THREE: STUDENT MATINEES: Most of our shows for actors in grades 7-12 perform special matinees for school groups on the Thursday or Friday of performance week.

Please initial the following:

_____ I understand that I may need to miss up to two mornings of school to participate in Student Matinees? (*The Sound of Music only*)

Emergency Medical Form

PART ONE: Authorization to Seek Medical Treatment

I, the undersigned, do hereby authorize representatives of Solano Youth Theatre to serve as agents for the undersigned to consent to any X-ray exam, anesthetic, medical examinations, diagnosis, medical treatment and hospital care deemed advisable by and is rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act or the medical staff of any hospital licensed by the State of California whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or some other site.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment and hospital care which the aforementioned physician in the exercise of his/her best judgment may deem necessary.

Student's Name (print): _____ Date: _____

☺ Student's Signature: _____

♥ Parent's Signature: _____

PART TWO: Emergency Contacts (list parents/guardians first)

<i>Name</i>	<i>Day Phone</i>	<i>Evening Phone</i>	<i>Relationship</i>	<i>Authorized to Pickup/Drop off?</i>
			parent/guardian 1	Yes / No
			parent/guardian 2	Yes / No
				Yes / No
				Yes / No

Primary Care Physician: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

Policy holder name and phone: _____

Drug allergies: _____

Are there any other medical or personal conditions of which the staff should be aware?
Please share pertinent information with us. This information will be kept confidential.

Family Agreement Sign-Off Sheet

Please read the "**Course Syllabus and Production Policies**" handout (always available at the office and online) before signing below. We suggest you hang on to these important documents for future reference.

STUDENT

- I have read and understand the contents of the current "**Course Syllabus and Production Policies**" and agree to follow those guidelines without dispute.
- I understand that if I am not meeting my obligations under the "**Course Syllabus and Production Policies**" I will be subject to disciplinary action up to and including removal from the production or workshop.

Student's Name: _____

☺ Student's Signature: _____

Date: _____

PARENT/GUARDIAN

- I have read and understand the contents of the current "**Course Syllabus and Production Policies**" and acknowledge that my child will be expected to follow them without dispute. I, myself, also accept and agree to abide by the policies contained in the "**Course Syllabus and Production Policies**" handout.
- I understand that if my child is not meeting his or her obligations under the "**Course Syllabus and Production Policies**" he or she will be subject to disciplinary action, up to and including removal from the production or workshop.
- **I understand that as a parent, I will be held to the same standards of reasonable behavior as my student.** I accept that any abusive, unruly, or uncooperative behavior on my part toward students or staff members will not be tolerated and may result in my child's (and my own) exclusion from the program.

Parent's Name: _____

♥ Parent's Signature: _____

Date: _____

It is very important to the group effort that actors who audition accept the roles that they are offered. There are significant consequences for actors who drop out because they don't like their assigned role(s). Please see the section on "Withdrawals."

Will you accept whatever role(s) you are assigned? YES or NO?

Release Form

This letter of advisory/waiver and release concerns the auditioning, rehearsing, performance and/or working on any pre- or post-production activities in connection with plays, musicals, workshops or other theatrical events on behalf of Solano Youth Theatre and/or Young Artists Conservatory. Such activities will hereafter be referred to as THEATRE ACTIVITY. In that I may be involved in multiple activities over a long period of time, I agree that such warnings and releases contained herein are acknowledged and granted in perpetuity.

I have been advised that there is inherent risk in THEATRE ACTIVITY, which concerns the ability to move about the rehearsal and performance space safely. Such dangers include but are not limited to: darkness, the movement of scenery as well as other performers, constant changes in the arrangement of the facilities and furnishings, elevated platforms and stairs not protected by guard rails and the operation of various tools. Because I understand that these risks exist, I realize that I must be ever vigilant to ensure my own safety in my movement about the rehearsal and performance space. Such vigilance includes but is not limited to checking the work area before the THEATRE ACTIVITY and being aware of my changing surroundings as the play and/or musical progresses through rehearsals and performances.

I have been advised that there is physical risk involved in THEATRE ACTIVITY. Such risk can result in accidents that can cause serious and permanent injury. Injuries that may result from THEATRE ACTIVITY include, but are not limited to: serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, death, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the muscular-skeletal system, and serious injury or impairment to other aspects of my body, general health and well being. I understand that the dangers and risks while auditioning, rehearsing, and performing plays may result not only in serious injury, but in a serious impairment of my future abilities to earn a living or to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the various risks of THEATRE ACTIVITY, I recognize the importance of following the instructions provided me by the various staff members of the production such as the stage manager, director, choreographer, music director, site manager, or other professional or volunteer staff members. I agree to comply with all the rules as set forth by such individuals and to comply with such instructions as they may give me.

Finally, I understand that Solano Youth Theatre may photograph or record me (audio and/or video) for publicity, archival, or sales purposes, and that by signing this Release Form, I give them full permission and waive all copyright and future considerations.

Student's Name (print): _____ Date: _____

☺ Student's Signature: _____

♥ Parent's Signature: _____

Volunteer Form:

It is required that each family volunteer at least 5 hours.

If you receive any sort of need based scholarship support, you are obligated to perform at least 12 hours of volunteer service.

Please CIRCLE at least 3 areas below where you can contribute. Anyone 16 and older can volunteer on behalf of a student. Volunteers will be placed where they are needed most. THANK YOU!

Student Name: _____

Show: _____

Volunteer Phone Number: _____ Volunteer Email: _____

AREA	HAVE YOU DONE JOB THIS BEFORE?
SET LOAD IN: Monday 4/23/12 12:00PM – 5:00PM	Y/N
SET STRIKE: Saturday 5/5/12 7:30PM – 10:00PM	Y/N
SET LOAD IN: Sunday 5/20/12 9:00AM – 1:00PM and 11AM – 3:00PM	Y/N
SET STRIKE: Sunday, 6/3/12 12PM – 5:00PM	Y/N
COSTUMES (sewing)	Y/N
SCHEDULED OFFICE SUPPORT: Fridays 10am – 12pm	Y/N
SET BUILDING AND DELIVERY/TRUCK SERVICE	Y/N
SET PAINTING	Y/N
PROPS BUILD	Y/N
BACKSTAGE CREW	Y/N
POSTER/FLYER DISTRIBUTION AND DELIVERY	Y/N

SYT Payment Information Sheet

Step 1 Turn in this entire 8 page packet to YACM – 500 Davis Street, Vacaville, CA 95688

Step 2 Pay the \$35 Registration fee. (via check, cash)

Step 3 Pay the Production fee associated with your program

You may pay the production and registration fees by check (made out to YACM), cash, or online (in full) by Paypal by visiting the SYT page at http://www.youngartistsconservatory.org/syt_registration. (Paypal does charge a service fee, which will be added on.) Monthly payment plans (ACH), early bird discounts, and a limited number of need based scholarships are also available.

Production Payment Form

Student's Name: _____ City: _____ Show: _____

PAYMENT:

If you would like to **apply for any type of scholarship support**, please review the guidelines and attach the **scholarship application** available at http://www.youngartistsconservatory.org/syt_registration.

The Sound of Music: \$325

Alice in Wonderland: \$300

Step 1 - Name of show _____ City _____ Fee Due: _____

Step 2- Scholarship amount, if any; Scholarship Committee Approval _____ (initial) _____

Step 3 - If **paying in full on or before 2/4 subtract \$25:** _____

Step 4 - Sub total: _____

Subtract Steps 2 & 3 from Step 1. _____

Step 5 – Registration fee (non refundable) _____ +35.00

Step 6 – Total of all fees due: _____

Add step 4 and step 5 together _____

_____ I am paying my fees **BY CHECK**. Attach a personal check made out to **YACM** with the student's name written on the memo line.

_____ I am paying my fees by **CASH**. Put the cash in an **ENVELOPE**, with child's name written clearly on it, and staple it to this document.

_____ I have already paid my fees **BY PAYPAL**. My confirmation code is: _____

_____ I wish to use the automatic payment plan option (\$35 registration fee is due today along with the completed ACH form)

I understand and accept that **NO REFUNDS OF ANY KIND WILL BE ISSUED FOR ANY REASON AFTER THE FIRST TWO WEEKS OF REHEARSAL**. Please initial here: _____



ACH FORM

Authorization for Automatic Withdrawals to Bank Account

Company: Young Artists Conservatory of Music

Customer Name: _____

Student Name: _____

My Bank: _____

My Bank Routing Number: _____

My Bank Account Number: _____

I hereby authorize the Company identified above to withdraw funds ("debits")

For exactly \$_____ (Munchkins = \$75 for 4 months) (Musical = \$65 for 5 months)

to my checking savings account ("Bank Account") identified above at My Bank identified above through the Automated Clearing House system. I also authorize the Company to initiate deposits ("credits") from my Bank Account to correct any errors that may have been made with debits to my Bank Account. I authorize My Bank to process these debits from and credits to my Bank Account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization will remain effective until I give the Company written notice to the contrary and the Company has had a reasonable period of time to act on that notice. My revocation of the Company's authority to initiate debits to my Bank Account will not affect the Company's right to initiate credits to my Bank Account to correct or adjust a debit processed before my revocation of authority has become effective.

I warrant to the Company and to the Company's Bank (First Northern Bank) that:

Only my signature is needed on this authorization to make it effective for my Bank Account.

Everyone whose signature is needed on this authorization to make it effective for my Bank Account has signed it.

Today's Date: _____

Day of ACH:

My Signature: _____

Munchkin: 2/15, 3/15, 4/15, 5/15

Musical: 2/15, 3/15, 4/15, 5/15, 6/15

Signature of Other Required Signer: _____

Additional Authorizations

Phone authorizations include permanent adjustments to monthly payments due to enrollment changes, or one time additional changes for the payment of performance or other conservatory fees. The information will be noted as indicated and the identity of the customer and office staff will be recorded before any adjustments are enacted.

Date and time: _____ Amount: _____ Occasion: _____ Verification (customer and office)

Young Artists Conservatory of Music is a 501c (3) Tax exempt public and performing arts foundation. Young Artists Conservatory of Music recruits and admits students of any race, color, gender, or ethnic origin to all its rights, privileges, programs, and activities. In addition, Young Artists Conservatory of Music will not discriminate against any race, color, gender, or ethnic origin in the administration of its musical educational or performance programs. We pursue and celebrate diversity in our community and conservatory. — Music Matters ©