

DEVISING THEATER: RTP'S CHILDREN'S SUMMER WORKSHOP

PO BOX 958, DUBOIS, PA 15801

theReitzTheater@gmail.com



Dear Parents/Guardians,

Every effort is made to make your child's experience with The Paul G. Reitz Theater's *Devising Theater: RTP's Summer Workshop* a safe and pleasant one. To do this, we need you to help us by providing pertinent and recent information about your child. Enclosed are four important forms which should be completed and returned to the **Reitz Theater Box Office** on or before the first day of class.

- Registration Form
- Emergency Information Form
- Consent Form
- Release/Permission Form

In the best interest of your child, she/he will not be allowed to participate in any classes or production programs without our having this necessary safety information.

If you have any questions, please call us at (814) 375-4CRI or (814) 512-3177.

We look forward to welcoming you and your child to the Summer Workshop

Sincerely,

Andi Kohlhepp,

Children's Workshop Director

Summer Schedule: July 10- August 12

M, W 5:30pm-7:30pm

Saturdays 9am-12pm

Tech Week: (August 7-9) M-W 6:30pm-8:30pm

Performances-(Thursday-Saturday) August 10-12 6:30pm

REGISTRATION: REQUIREMENTS, POLICIES AND PROCEDURES

Complete the registration & Emergency/Consent Forms provided in this brochure. Make check or money order payable to CRI for \$40. In addition, both student and guardian must also sign a *Class Contract*, describing class rules and policies. These forms, along with payment, must be returned to THE REITZ THEATER by the first class, or your child[ren] will not be permitted to participate.

Cancellation Policy: Withdrawal before the first class results in a full tuition refund.

Attendance Policy: Each student is required to communicate with Andi and the mentor of their group in regard to any planned absences. Please give information as soon as you are able so appropriate plans can be made.

Class Size: Groups are no larger than 10 and we will have no more than 6 groups. Groups are assigned according to age.

FINANCIAL AID PROCEDURE: Cost is \$40. Full and partial scholarships are available. Financial aid is awarded according to demonstrated need and on an individual basis.

PLEASE MAKE COPIES OF REGISTRATION FORM IF YOU ARE ENROLLING MORE THAN ONE STUDENT.

STUDENT'S NAME: _____ AGE: _____

SCHOOL: _____ GRADE: _____

PARENT OR GUARDIAN'S NAME: _____

PARENT OR GUARDIAN'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (HOME): _____ (WORK/OTHER): _____

EMAIL: _____

Please enroll _____ in the following class (Circle appropriate):

Session 1: (completed K-2) _____

Session 2: (Completed 3-5) _____

Session 3: (Completed 6-8) _____

I WISH TO ENCLOSED FULL PAYMENT. TOTAL ENCLOSED \$ _____ Check number _____

I WISH TO ENROLL IN THE PAYMENT PLAN. I have enclosed one half of my payment today. The remaining will be paid prior to first day of class. Monday July 10, 2017 TOTAL ENCLOSED \$ _____ Check number _____

I WISH TO APPLY FOR FINANCIAL AID.

EMERGENCY INFORMATION FORM

Please fill in all information. If not applicable, write N/A.

A. Student Information

Student's Name: _____

Address: _____ Home Phone: (_____) _____

City _____ State _____ Zip _____

Age: _____ Grade: _____ Student's email: _____

With whom does the child live? (Delete appropriate) Mother Father Guardian:

B. Parent/Guardian Information

Primary Parent/Guardian Name: _____

Email Address: _____

Address: _____

Primary Phone #: (_____) _____ Secondary Phone #: (_____) _____

Second Parent/Guardian's Name: : _____

Email Address: _____

Address: _____

Primary Phone #: (_____) _____ Secondary Phone #: (_____) _____

C. Emergency Contact Information

Please list two additional people (Not listed above) we could contact in case of an emergency:

Emergency Contact #1 (Not listed above.)

Name: _____ Relationship: _____

Telephone: (_____) _____

Emergency Contact #1 (Not listed above.)

Name: _____ Relationship: _____

Telephone: (_____) _____

C. Health History

Physician: _____ Telephone (____) _____

Name of Health Insurance Co.: _____ II.D. # _____

Date of last check-up: _____ - _____ - _____ (Month) (Day) (Year)

Does your child have any allergies? No Yes If yes, to what? _____

Describe allergic reaction: _____

If reaction occurs in class, are there special instructions? _____

Does your child have any allergic reaction to medication? No Yes

If yes, please indicate: _____

Is your child taking any medication on a regular basis? No Yes

If yes, please indicate medication name: _____

Dosage: _____ Reason for taking: _____

If your child complains of a headache or cramps during class, do you give permission for two Tylenol to be administered? No Yes _____ (INITIAL)

Please describe any chronic health problems or behavior issues your child has or had (e.g. asthma, emotional problems, learning problems, etc.)

Please tell us any other information we should know about your child:

VOLUNTEERING

CRI's Summer Workshop welcomes parent involvement.

Please Circle volunteering here if you are willing to volunteer.

CONSENT FORM (PARENT/GUARDIAN SIGNATURE REQUIRED)

I, _____, hereby authorize my child
(Please print) Parent/Guardian first name last name

(Please print) Child's first name last name
born on _____
and who resides at:

to participate in the RTP Summer Workshop, including theatre classes, rehearsals and performances. I further authorize the making and use of any films or other recordings of these activities for any purpose that CRI/Summer Workshop may make or authorize to be made without compensation to my child or me.

I understand that my child may be dismissed permanently from class if she/he does not follow the rules set by the Summer Workshop Director (please see Class Contract), if a disciplinary problem arises, or if the Summer Workshop Director determines that my child cannot meet the demands of the program. I understand that my child will be under the supervision of Summer Workshop staff and appointees. I understand that despite the responsible supervision which Summer Workshop will make in this connection, Summer Workshop cannot guarantee against the possibility of an accident involving my child. I hereby waive any claim that might be made against CRI's Summer Workshop, its officers, employees and agents in connection with any injury my child may incur, other than claims resulting from the gross negligence of CRI's Summer Workshop, its officers, employees or agents.

(STRIKE ONLY THE FOLLOWING SENTENCE IF YOU DO NOT AGREE TO THE AUTHORIZATION PROVIDED)

In the event that any serious injury should occur involving my child I wish CRI's Summer Workshop to take all appropriate steps to notify me immediately of the event, but if I am inaccessible for any reason, I authorize whatever medical attention is deemed appropriate for my child. *(This form requires a parent or guardian's signature! Strike the above sentence only if you do not agree with it)*

I affirm that I have the authority to sign this consent.

Date

Signature of parent or guardian

PRINT name of parent or guardian

RELEASE/PERMISSION FORM (Parent/Guardian signature required)

Student name:

Parent(s)/Guardian name:

A. ALL STUDENTS

Authorized Persons: In addition to the parent(s)/guardian, CRI's Summer Workshop is authorized to release my child at the end of a class to the following persons:

1. Name _____

Relationship _____

2. Name _____

Relationship _____

I understand and agree that my child will not be released after class until picked up by me or any person listed above. In the event of an emergency, I understand that my child will not be released unless I speak directly to an authorized CRI's Summer Workshop personnel and given specific instructions.

Parent/Guardian signature: _____ Date: _____

B. STUDENTS 6TH GRADE AND ABOVE

If the parent/guardian signs the release below, students in 6th grade or above may leave CRI's Summer Workshop on their own after class dismissal. In the case of longer production classes and rehearsals, students often wish to leave the building during short breaks to purchase Snacks or beverages. By signing here, the parent/guardian also permits the child to leave during breaks.

I, _____, parent/guardian of (student's name)

_____, authorize my child to leave on his/her own after class dismissal *and* to spend break time unsupervised and absolve CRI's Summer Workshop of any responsibility in connection therewith.

Parent/Guardian signature: _____ Date: _____

Class Contract (Parent/Guardian signature required)

The following rules must be read by both parents/guardians and students. This contract must be signed and returned to the Reitz Theater office no later than the second class or students will not be allowed to participate. Please make a copy of this contract for your records.

1. Students must arrive on time to begin class on time. Students must participate until the end of class and dismissal.
2. Students must attend class every session. In the case of tardiness or absence, a parent or student must notify the office prior to class at (814) 512-3177, 814-375-4274.
3. CRI's Summer Workshop is not equipped to supervise children after hours. Please be prompt to pick up your student. In case of emergency, please call (814) 512-3177
4. Students in classes ending in a production are not permitted to be absent the week prior to and the week of performances.
5. Students must behave appropriately and respect teaching artists, staff members, and fellow classmates. If any student exhibits disruptive behavior which is distracting to the class, including verbal abuse or vandalism, the student will be given three warnings. 1. CRI's Summer Workshop Director will first speak with the student. 2. CRI's Summer Workshop Director will talk to the parent or guardian. 3. Dismissal from the class without refund. Physical aggression by any student will result in automatic expulsion without warning and without refund.
7. Students may eat or drink in designated areas and at designated times only.
8. All students must keep class studio space neat and clean. Garbage must be disposed of in appropriate cans.
9. All students are encouraged to attend at least one performance at the Reitz Theater or any Theatre company
10. **All students must dress in appropriate rehearsal attire:** loose, comfortable clothing that is easy to move in and flat, non-slip shoes (sneakers are fine). No sneakers with wheels are permitted to be worn in class or in the lobby. No dangly jewelry.
11. Students must behave in a quiet and mature manner in the rehearsal studios, hallways, reception areas, lobbies, and any public area where classes, rehearsals or performances are held. In other words; no running, shouting, fighting, smoking or profanity is allowed.

We have read and understand all the above stated rules. If any of these rules are not followed we understand that we are subject to the consequences stated above. We have also read and understand the enclosed Theatre Ethics statement.

(STUDENT) _____ Date _____

(PARENT OR GUARDIAN) _____ Date _____

Please have the student complete the following questions (required for first class):
Student's Name: _____

In what school activities are you involved?

What do you like to do in your free time?

What is your favourite book/play/movie (choose one)? Why?

Do you consider yourself shy, outgoing, or a bit of both? Why?

Please write a few paragraphs about an experience, an achievement, a person, or a matter of particular significance to you and explain why it is important to you (add additional paper as necessary).

THEATRE CODE OF ETHICS:

"Part of the great tradition of the theatre is a code of ethics which belongs to every worker -- amateur and professional -- on the legitimate stage. This code, while tacit, has been observed throughout the centuries and will continue long after us. It is neither superstition, nor dogma, nor a statute enforced by law. It is an attitude toward craftsmanship, a respect for associates and a dedication toward the audience. This code outlines a self-discipline which, far from robbing one of individuality, increases personal esteem and dignity through cooperation and common purpose. The result is perfection which encompasses all that is meant by Good Theatre."

- The show must go on! I will never miss a performance.
- I shall play every performance to the best of my ability, regardless of how small my role or large my personal problems.
- I will respect my audience regardless of size or station.
- I shall never miss an entrance or cause a curtain to be late by my failure to be ready.
- I shall forego all social activities which interfere with rehearsals and will always be on time.
- I shall never leave the theatre building or stage area until I have completed my performance.
- I shall remember that my aim is to create illusion, therefore, I will not destroy that illusion by appearing in costume and /or make-up off stage or outside the theatre.
- I will not allow the comments of friends, relatives or critics to change any phase of my work without proper authorization from the director or stage manager. I will not alter lines, business, lights, properties, settings, costumes or any phase of the production without consultation with and permission from the director and/or stage manager.
- I shall accept the director's advice in the spirit in which it is given for s/he sees the production as a whole and my role as a portion thereof.

- I shall look upon the production as a collective effort demanding my utmost cooperation; hence I will forego the gratification of ego for the demands of the play.
- I will be patient and avoid temperamental outbursts, for they create tension and serve no useful purpose.
- I shall respect the play and the playwright, remembering that "a work of art is not a work of art until it is finished."
- I shall never blame my co-workers for my own failure.
- I will never engage in caustic criticism of another artist's work from jealousy or an urge to increase my own prestige.
- I shall inspire the public to respect me and my craft through graciousness in accepting both praise and constructive criticism.
- I will use stage properties and costumes with care, knowing they are tools of my craft and a vital part of the production.
- I will observe backstage courtesy and shall comport myself in strict compliance with rules of the theatre in which I work.
- I shall never lose my enthusiasm for the theatre because of disappointment or failure, for they are the lessons by which I learn.
- I shall direct my efforts in such a manner that when I leave the theatre it will stand as a greater institution for my having labored there.

I, _____ on _____ 201__ have read and agree to the above two pages. (Print Name)

Actor: _____
(Actor's Signature)

& Andi: _____
Aundrea Marie Kohlhepp