

The EmilyAnn Theatre
Shakespeare Under the Stars '12

--Student Information--

(College Students interested in internships, please e-mail resume to bridget@emilyann.org.)

Please type or print clearly.

Student's Name _____

Grade Level in Fall 2012 _____

Age _____ Birth Date _____ Sex (M or F) _____

Address _____

City _____ State _____ Zip _____

Student's cell phone number: () _____

Email Address _____

Father's Name _____

Phone Numbers: Cell- _____ Home- _____ Work- _____

Mother's Name _____

Phone Numbers: Cell- _____ Home- _____ Work- _____

PAYMENT INFORMATION

\$300 per student (\$200 for additional sibling) NO REFUNDS AFTER THE START OF REHEARSALS.

If any student is not admitted into the program the payment will be immediately refunded.

Check payable to EmilyAnn Theatre. (Please include student's name and SUS on memo line of check).

Payment by Credit Card:

Visa MasterCard

Card Number: _____ Expiration: _____

Total Tuition: _____ Date Paid: _____

Photo/Video Release. I hereby grant the EmilyAnn Theatre & Gardens, its representatives and employees, the right to take photographs and make video and audio recordings of my child during camp activities and to use, reproduce, and transmit, by any means now known or hereafter devised, my child's image for promoting EmilyAnn Theatre classes, camps and performances. Names of students are not released.

Parent/Guardian Signature: _____ **Date:** _____

Scholarship Fund I wish to contribute a \$_____ donation to the Scholarship Fund which helps students with financial constraints that may not otherwise be able to attend EmilyAnn Theatre's Shakespeare Under the Stars program.

Scholarships will be awarded on an individual needs and audition basis.

Mail Application Packet to:

EMILYANN THEATRE; Attn: Bridget Farias; P.O. Box 801; Wimberley, TX 78676

The EmilyAnn Theatre
Shakespeare Under the Stars '12
--STUDENT INTERN AUDITION FORM--

Name _____

High School _____

Grade level this fall _____ Age _____

Experience: Acting, Technical, Etc...

Attach additional pages or resume as necessary.

Role/Position	Production	Company/Venue/School

Special Skills: _____

Will you accept any role as assigned? YES NO

If not, explain: _____

In order to be a part of the production, it is **REQUIRED** that you participate in Shakespeare Under the Stars work calls and special workshops. Do you understand what is expected of you?

Circle One: YES NO

All actors must work on a technical crew when they are not in rehearsal. Every effort will be made to accommodate your preference.

Technical Assignment you prefer: COSTUMES SET CONSTRUCTION

The EmilyAnn Theatre
Shakespeare Under the Stars '12
--CODE OF CONDUCT CONTRACT--

**The mission of the EmilyAnn Theatre is
to reinvest in the dignity of the human spirit.**

To that end, all participants in Shakespeare Under the Stars '12 must adhere to a code of conduct exemplifying a reinvestment in human dignity. Violations of the code of conduct will result in consequences, up to and including, immediate removal from the program and criminal charges as deemed appropriate by legal authorities. Lest any member of the company think that their production responsibilities are so significant as to cause the EmilyAnn Theatre to overlook their bad behaviors, know that the show must NOT always go on. Inappropriate behavior may indeed result in the cancellation of production and/or production activity.

Actions and behaviors that are personally or collectively destructive will not be tolerated in any member(s) of the company. The preceding statement specifically includes, but is not limited to, the use of alcohol or tobacco products by any participant under the legal age as determined by the State Of Texas. Likewise, the use of any illegal substance or the abuse of any prescription or over the counter medicine will constitute a violation of the Code of Conduct. Further, sexual misconduct and/or inappropriate sexual behaviors will constitute a violation of the Code of Conduct.

All participants will be given clear and concise guidelines describing appropriate behaviors and consequences of behavior that deviates from the Code of Conduct. All participants will be held accountable for their actions.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

Participant's Name (please print)

Participant's Signature

Date

If under 18 years of age, Parent/Guardian name (please print)

Parent/Guardian's Signature

Date

The EmilyAnn Theatre
Shakespeare Under the Stars '12
--Medical Emergency Information/Consent for Treatment--

Name: _____
Address: _____
Date of birth: _____
Parent/guardian phone: Home _____ Work _____ Cell _____

Medical Information

Allergies: _____
Current medications: _____
Chronic illnesses: _____
Date of last tetanus booster: _____
Physician: _____ Physician telephone number: _____

Insurance Information *(Please attach a photocopy of the insurance card, front & back, to this form)*

Does youth have health insurance? No - Yes
Medical insurance company: _____ Tel. no. _____
Group number/ID number: _____ Name of insured: _____

Person(s) to Notify in Case of Emergency:

Name: _____ Relationship: _____
Street Address: _____
Phone: Day _____ Evening _____ Cell _____
Second contact (if first person unavailable)
Name: _____ Relationship: _____
Street Address: _____
Phone: Day _____ Evening _____ Cell _____

Consent for Medical Treatment:

The attending physician, appropriate staff, The EmilyAnn Theatre, employees, representatives and/or agents, and their heirs, successors, and assigns, shall not be responsible in any way for any consequence from diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

The EmilyAnn Theatre does not carry medical insurance for participants in any of its programs. It is recommended that you have appropriate medical coverage for your child.

I, as parent/legal guardian, grant permission for my child _____
to receive medical treatment.

Signature of parent/legal guardian

Date

