



# Registration Form 2010

FOR OFFICE USE: date received \_\_\_\_\_

Copies should be delivered via mail or in person to:

Arts Alliance, 155 Apsley Street, Hudson, MA 01749

Need additional forms? See website: [upwitharts.org](http://upwitharts.org) or call 978-562-1646

DUE TO SECURITY CONCERNS NO REGISTRATIONS CAN BE ACCEPTED VIA THE INTERNET OR BY FAX.

Registration is pre-paid and non-refundable.

Please fill out a separate form for each family member attending. Please complete all three pages of the application at time of submission.

Student \_\_\_\_\_ Nick name \_\_\_\_\_ Gender: M F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade (Sept 2010) \_\_\_\_\_ Age \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian names \_\_\_\_\_ email \_\_\_\_\_

Student email \_\_\_\_\_ T-shirt size \_\_\_\_\_ (adult s, m, l, xl, xxl, or youth s, m, l)  
(if any)

ARTS ALLIANCE MEMBERS, AT THE FAMILY LEVEL AND ABOVE, RECEIVE A 10% DISCOUNT.

Yes, I'd like to join or renew my Arts Alliance membership at the following level:

\_\_\_ Family \$60 \_\_\_ Donor \$125 \_\_\_ Benefactor \$250 \_\_\_ Community Leader \$500

Membership name (as you would like listed in newsletter) \_\_\_\_\_

NEW MEMBERSHIPS WILL RENEW MAY 2011.

RENEWAL MEMBERSHIPS WILL RENEW AS STATED ON RENEWAL NOTICE.

## Morning Programs

**Youth Theater** ~ students entering grade 9 - 13, M - F\*, 8:30 am - 12:00 pm, starts June 28, last performance July 31(\$425)

**Children's Theater** ~ students entering grades 6 - 8, M - F\*, 8:45 am - 12:15 pm, starts June 28, last performance July 23 (\$375)

**Theater Too!** ~ students entering grades 3 - 5, M - F\*, 9 am - 12:30 pm, starts June 28, performance July 16 (\$300)

**Little Theater 1** ~ students entering grades 1 - 3, M - F\*, 9:15 am - 12:35 pm, starts July 6, performance July 16 (\$215)

**Little Theater 2** ~ students entering grades 1 - 3, M - F, 9:15 am - 12:15 pm, starts July 19, performance July 30 (\$215)

**Stage Two** ~ students entering grades 1 - 6, M - F, 9 am - 12 pm, starts August 2, performance August 13 (\$215)

\*No workshop on July 5, the official Independence Day holiday!

LIMITED FINANCIAL AID IS AVAILABLE.

Filing deadline: May 14

FINANCIAL AID FORM ON-LINE OR BY CALLING 978-562-1646.

Program Name(s): \_\_\_\_\_

Fee(s): \_\_\_\_\_

\_\_\_\_\_

Membership: NEW \_\_\_ RENEW \_\_\_ \_\_\_\_\_

\_\_\_\_\_

Arts Alliance members 10% off (-): \_\_\_\_\_

Scholarship fund donation (+): \_\_\_\_\_

Total amount due at registration : \_\_\_\_\_

Check # \_\_\_\_\_ Visa/MC/AMEX/Discover \_\_\_\_\_ Expiration \_\_\_\_\_ CVV2 \_\_\_\_\_

Signature: \_\_\_\_\_ Name on Card: \_\_\_\_\_

PLEASE PRINT

Student Name: \_\_\_\_\_

**EACH FAMILY IS ASKED TO VOLUNTEER IN SOME CAPACITY.**

**ALL families are asked to bake for bake sales associated with program performances, in addition to their volunteer assignment.**

Volunteer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ cell: \_\_\_\_\_ best time to call: \_\_ am \_\_ noon \_\_ pm

Email: \_\_\_\_\_

Some jobs can be done in conjunction with a different program than the one the student is registered for. We will confirm your volunteer assignment by email when possible.

**Back Stage Parent:** will not see the Youth, Children's or Creative Theater performance when doing this volunteer job. Please circle available dates.

Youth Theater:            12:30 pm, July 30    6:30 pm, July 30    6:30 pm, July 31  
Children's Theater:    10 am, July 22            6 pm, July 22            6 pm, July 23

**Lunch Monitors:**

Theater Too! Lunch Monitor    11:30 am - 12:30 pm, July 16  
Little Theater 1 Lunch Monitor 11:30 am - 12:30 pm, July 16  
Little Theater 2 Lunch Monitor 11:30 am - 12:30 pm, July 30  
Stage Two Lunch Monitor 11:30 am - 12:30 pm, August 13

**Tech:**

Set building \_\_            Set painting \_\_            Have a truck or van for moving sets \_\_  
Costumes (help find, fit, sew, alter) sewing skill \_\_\_\_\_  
(circle all that apply)

Photography \_\_            Videotaping \_\_            Display Board \_\_  
Hair \_\_  
Makeup \_\_

**Office:** Some office work can be done in May and June while children are still in school. Day and time best for in office volunteering \_\_\_\_\_

Data entry, filing at the office \_\_  
Phoning other parents from home \_\_    from the office \_\_

**Posters and Publicity** for all performances

(Put up at businesses and public places in your community at the end of June - early July) Town \_\_\_\_\_

**Front of the House** includes ticket sales, ushering, manning the bake sale tables, and clean up.

Youth Theater - (7/30, 12:30 pm) (7/30, 6:30 pm) (7/31, 6:30 pm)	before show __	during __	after __
Children's Theater - (7/22, 10 am) (7/22, 6pm) (7/23, 6 pm)	before show __	during __	after __
Theater Too! - July 16, 12 pm	before show __	during __	after __
Little Theater 1 - July 16, 12 pm	before show __	during __	after __
Little Theater 2 - July 30, 12 pm	before show __	during __	after __
Stage Two - August 13, 12 pm	before show __	during __	after __

Student name: \_\_\_\_\_

Phone during workshop: \_\_\_\_\_

**INFORMATION FOR EMERGENCY MEDICAL CARE**

I hereby authorize emergency medical care for \_\_\_\_\_ during attendance at the Summer Drama Workshop. I understand that in a perceived emergency, the instructor will call 911. I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf. I release the Hudson Public Schools, Arts Alliance and staff of the Arts Alliance from any and all liabilities from any illness or injury that may occur.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print carefully

STUDENT NAME: \_\_\_\_\_ PARENT/GUARDIAN: \_\_\_\_\_

INSURANCE COVERAGE: \_\_\_\_\_ STUDENT'S DOCTOR: \_\_\_\_\_

Student allergies or other helpful information \_\_\_\_\_

**TRANSPORTATION and PARENT INFORMATION**

Please list persons authorized to transport your child to and from the Summer Drama Workshop. Persons picking up students may be asked to show picture ID. Make sure your child knows who is authorized to transport them.

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

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

Any special arrangement we should be made aware of: \_\_\_\_\_

I realize I am responsible for escorting my child to and from the classroom or making arrangements for another adult to do so. (This applies to students in Little Theater 1, Little Theater 2, Theater Too!, Stage Two and Children's Theater.)

I realize that my child's photograph may appear in media releases as part of the Arts Alliance publicity.

You \_\_\_\_\_ may, \_\_\_\_\_ may not publish my child's name in conjunction with media releases.

(choose one)

\_\_\_\_\_  
PARENT SIGNATURE**STUDENT INTEREST**

Student email: \_\_\_\_\_

PLEASE PRINT CAREFULLY

Please list your experiences, (if any.) Students with more experiences are encouraged to attach a resume.

THEATER \_\_\_\_\_

MUSIC \_\_\_\_\_

DANCE \_\_\_\_\_

VISUAL ART \_\_\_\_\_

Which of these do you enjoy the most? \_\_\_\_\_

Please read and sign. I will respect others and abide by the director's rules of conduct.

\_\_\_\_\_  
STUDENT SIGNATURE