



Acting Antics, Inc.
P.O. Box 545
Broomall PA 19008
www.actingantics.org
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610-942-4219

FALL / WINTER 2021/22 MUSICAL THEATRE MASTER CLASS REGISTRATION FORM

•• Our 30 available spots will fill up quickly, so register today! ••

Saturdays -- 17 Weeks
October 23, 2021 - March 13, 2022

10:00 am - 1:30 pm

Fall/Winter 2021/22 Class, Frozen, Jr.

\$1,000.00
(or 4 payments
of \$250.00)*

Participants in our all-abilities Musical Theatre Master Class, open to ages 5 and up, will rehearse and perform the musical, *Disney's Frozen, Jr.*, on Saturdays from 10am-1:30pm starting on **October 23rd**, and end with three performances on the weekend of March 13th.

There will be breaks in our schedule for holidays. All participants will receive a detailed schedule, including the 3 additional Tech Rehearsals from 6pm-9pm on Wednesday, Feb. 23rd, Wednesday, March 2nd, and Wednesday, March 9th.

We realize this is a larger time commitment than usual. We ask that all conflicts be communicated to us as soon as possible so that we can all plan ahead, custom-build this new program, and create the most fun show yet!

All COVID-19 safety measures will be taken. All of our teachers and staff are vaccinated, masks will be worn, all surfaces, props, costumes, and locations will be cleaned regularly, and social distancing will be in effect as much as possible.

The final performances will be produced by and hosted on the main stage at SALT Performing Arts in Chester Springs as follows:

- Friday, March 11th, **5pm cast call**, 7pm Opening Night performance. Tickets \$30 each. All performers will receive 2 FREE TICKETS to this Friday performance!
- Saturday, March 12th, **5pm cast call**, 7pm performance. Tickets \$30 each.
- Sunday, March 13th, **12:00pm cast call**, 2pm Matinee performance. Tickets \$30 each.

*Some financial aid is available for some programs.

Questions? Email us at info@actingantics.org or call 610-942-4219

MUSICAL THEATRE MASTER CLASS REGISTRATION 2021/22

Actor's Name _____ Age _____

Parent's Names _____ Email _____
(Please print clearly)

Address _____ Phone Numbers:

Home: _____

Cell: _____
(For emergency use)

Actor's hobbies, special interests, skill areas:

Does your actor have a diagnosis? If so, please provide the name(s) of the diagnosis:

Does your actor know their diagnosis? _____

What do you consider your actor's three greatest social challenges?

If your actor becomes frustrated or upset, what are some things that are effective in calming them?

Does your actor have any medical issues, allergies (food or otherwise) of which we should be aware?

Does your actor have the support of a TSS or personal care assistant in their school program? _____

Do you anticipate that your actor will need this support during our workshop sessions? _____

The student (parent/guardian) waives all and any claims against ACTING ANTICS, INC., its staff, landlords, or lessors for any injuries, illness, or loss to myself or my child by any reason of participation in workshops, classes, performances, or other activities held by or in conjunction with ACTING ANTICS, INC. In addition, the undersigned acknowledges that in consideration of the student being permitted to participate in any ANTICS program, agree that the student has no medical conditions that would disallow participation and therefore will be responsible for and hereby release and agree to hold ACTING ANTICS, INC., harmless from any and all liability

by reason of injury to the student, themselves, their property, or dispute that might arise during any ANTICS activity or function.

Because this Acting Antics Master Class ends with three final performances that rely on each student's attendance, I agree that I will stay in communication with Acting Antics if any unforeseen conflicts arise that prevents them from attending all MANDATORY dress rehearsals and all three final performances.

I accept the conditions listed above. _____

Must be signed by parent/guardian for student under 18 years of age

I give permission for my student to be photographed and/or videotaped for instructional and internal purposes.

Parent/Guardian Signature

I give permission for photos and video footage to be used for publicity purposes, on the Antics website and related social media, and/or for the purposes of educating other parents and professionals about the Acting Antics techniques.

Parent/Guardian Signature

* You may pay all at once and get a 10% Discount if you pay before Oct. 1st, 2021, or make 4 payments of \$250.00. This is \$1,000.00 total for the entire 6 month experience. This program is essentially 2 sessions (Fall/Winter), including a Buddy Program, a Full Weekend of Shows with 3 tech rehearsals, a cast party, and MORE!

Credit Card: Circle one: VISA MC

Exp. date ____ / ____ Code: _____

Zip Code: _____

Check or money order:

**Acting Antics
P.O. Box 545
Broomall PA 19008**

Check # _____

You may also pay online with our secure PayPal link: paypal.me/actinganticsinc