

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

FALL / WINTER 2022/23 MUSICAL THEATRE MASTER CLASS REGISTRATION FORM

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

Saturdays 17 Weeks October 22, 2022 - March 5, 2023			
10:00 am - 1:30 pm	Fall/Winter 2022/23 Class: High School Musical, Jr.	\$1,000.00 (or 2 payments, or 4 payments)*	

Participants in our all-abilities Musical Theatre Master Class, open to ages 5 and up, will rehearse and perform the musical, *High School Musical, Jr.*, on Saturdays from 10am-1:30pm starting on **October 22nd**, and end with three performances on the weekend of March 3rd.

There will be breaks in our schedule for holidays. All participants will receive a detailed schedule, including the 4 additional Tech Rehearsals on Wednesday, Feb. 15 and 22, Monday, Feb. 27, and Wednesday, March 1.

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:

- <u>Friday, March 3rd</u>, **5pm cast call**, 7pm Opening Night performance. Tickets \$30 each. All performers will receive 2 FREE TICKETS to this Friday performance!
- Saturday, March 4th, 5pm cast call, 7pm performance. Tickets \$30 each.
- Sunday, March 5th, 12:00pm cast call, 2pm Matinee performance. Tickets \$30 each.

*Discounts, Payment Plans, and Financial Aid are available for some programs.

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

MUSICAL THEATRE MASTER CLASS REGISTRATION 2022/23

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 na	ame(s) of the diagnosis:
Does your actor know their diagnosis?	
What do you consider your actor's three greatest social challer	nges?
If your actor becomes frustrated or upset, what are some thing	s that are effective in calming them?
Does your actor have any medical issues, allergies (food or ot	herwise) of which we should be aware?
Does your actor have the support of a TSS or personal care as	ssistant 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 unforseen conflicts arise that prevents them from attending *all MANDATORY* dress rehearsals and all three final performances.

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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 a	and/or videotaped for instructional and internal purposes.		
Parent/Guardiar	n Signature		
I give permission for photos and video footage to be used and media, and/or for the purposes of educating other techniques.	used for publicity purposes, on the Antics website and related ner parents and professionals about the Acting Antics		
Parent/Guardiar	n Signature		
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* This is \$1,000.00 total for the entire 6 month experience. Payment Plans are available: you may make 2 payments of \$500.00, or 4 payments of \$250.00. Ask us about Financial Aid and Sibling Discounts! This program is essentially 2 sessions (Fall/Winter), including a Buddy Program, a Full Weekend of Shows with 4 tech rehearsals, a cast party, and MORE!			
Credit Card: Circle one: VISA MC	Check or money order:		
#	Acting Antics		
30.	P.O. Box 545		
Exp. date/ Code:	Broomall PA 19008		
Zip Code:	Check #		

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