

# Parent / Student Forms Packet



This packet includes forms necessary for participation in this youth program. **The information in this packet is strictly confidential, and is required to participate in this program.** These forms are destroyed at the end of each program. Returning participants do still need to fill out a new form for this particular program. Please reach out if you have any questions.

[education@aomtheatre.com](mailto:education@aomtheatre.com)

Complete all forms and return ON OR BEFORE THE STARTING DATE:

**September 3rd, 2024**

Completed forms can be emailed to [education@aomtheatre.com](mailto:education@aomtheatre.com)

Or mailed to:

Education Director  
274 Main St.  
Northampton, MA 01060.

**NOTE: Email will remain the main form of communication. Check frequently for updates and other announcements regarding this program/production.**

[education@aomtheatre.com](mailto:education@aomtheatre.com)

Thank you!

## Health / Emergency Form

**Participant Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Parent/Guardian Name:**

**Parent/Guardian Name:**

\_\_\_\_\_  
Relationship to Participant:

\_\_\_\_\_  
Relationship to Participant:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Mobile Phone:

\_\_\_\_\_  
Mobile Phone:

\_\_\_\_\_  
Work Phone:

\_\_\_\_\_  
Work Phone:

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

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

**Name another adult in case of emergency**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Allergies to foods, drugs, or other substances:

\_\_\_\_\_

Any other health concerns that you would like us to know:

\_\_\_\_\_

Participation in this program involves physical and aerobic activities in movement/dancing as well as vocal projection in speaking and singing. By signing this form you are agreeing that your child is physically and mentally able to participate in an athletic and collaborative environment, and will work with Academy of Music Theatre staff to communicate and discuss any accommodations needed to help your child succeed prior to the start of the program.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Behavior Protocol - Safety & Respect**

We welcome students of all experience levels to join our programs and aim to create an inclusive and brave space for learning in the performing arts. To support this goal, **safety and respect** are our main expectations in every part of the process and the root of all protocols we set. Without safety there is no respect, and without respect we are not able to create a fun, supportive, and collaborative learning environment.

Students are expected to learn, develop, and practice safe and respectful group behaviors while in this program. **Any behavior during the program that is seen as a threat to the safety of themselves, fellow students, or staff may result in being removed from certain activities, or even the program itself.** This includes but is not limited to forms of verbal or physical harassment and abuse or refusal to follow guidelines set up to protect the safety of students and staff in the building. Behaviors that are disruptive to the learning of others may also receive similar consequences.

Instructors will work with students and guardians to foster developing these skills through clear expectations, reminders, warnings, and other in-class strategies. If the disruptive behavior continues the instructor will enact a “Three Strike Rule”.

1st Strike - Student will be asked to sit out and watch. Behavior is discussed with the student.

2nd Strike - Discussion with guardian about behavior and brainstorm tools for student’s success.

3rd Strike - Student will be sent home early.

**Repetitive strikes may result in being dismissed from the program entirely.**

The rehearsal/workshop room is a place of learning in both performance and group social skills. **Trial and error are natural to the process and expected particularly when working with youth.** While leading the group, the instructors must also be able to focus their time and energy on teaching for the benefit of every student in the room. **We do not always have the resources to have an instructor devoting extensive time to improving and/or monitoring the behavior of an individual student at the cost of the group’s learning and experience.**

Before the program starts please let us know if there are any accommodations or strategies we should know about so we can best support your child’s success in this collaborative and social environment. There is space at the end of this form packet, or you can email us directly. [education@aomtheatre.com](mailto:education@aomtheatre.com)

By signing below you acknowledge that you have read and understand the behavior protocols set by the Academy of Music Theatre youth program.

SIGNATURE: \_\_\_\_\_

## **AUDITION FORM**

Actor's Name (As it appears in Dance Studio Pro)	Age	Hair Color	Height	Pronouns	T-Shirt Size (specify adult or youth)

### **EXPERIENCE**

*Please list any previous experience in theater, singing, music, dance, etc. or attach a performance resume.*

DANCE TRAINING \_\_\_\_\_

MUSIC TRAINING \_\_\_\_\_

PAST SHOW EXPERIENCE \_\_\_\_\_

Please list the character(s) you would be most excited to play:

\_\_\_\_\_

By signing below I understand that this program is a 2 month commitment, and I will attend all rehearsals and performances with a productive attitude ready to be part of creating a space that is safe, respectful, productive, and fun for everyone.

\_\_\_\_\_  
GUARDIAN SIGNATURE

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

\_\_\_\_\_  
DATE

**ACADEMY OF MUSIC THEATRE YOUTH PICK UP FORM**

Child's Name \_\_\_\_\_

List of approved person(s) to pick-up child from the Academy of Music Theatre:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- My child must be picked up by one of the persons listed above.
- My child has my permission to leave the Academy of Music Theatre after workshop or rehearsal without a specific person picking them up.

**NOTE: There will be a \$25 late pick-up fee if kids are picked up after 7:15pm.**

Other Notes/Specifications for pick-up:

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

## Conflict Calendar

STUDENT NAME \_\_\_\_\_

Please X out any rehearsals you are not available to attend. Conflicts added after returning this form will be “unexcused” and may result in not participating in certain scenes or songs.

### September

SUN	MON	TUES	WED	THURS	FRI	SAT
1	2	3 Rehearsal 5 - 7pm	4	5 Rehearsal 5 - 7pm	6	7
8	9	10 Rehearsal 5 - 7pm	11	12 Rehearsal 5 - 7pm	13	14
15	16	17 Rehearsal 5 - 7pm	18	19 Rehearsal 5 - 7pm	20	21
22	23	24 Rehearsal 5 - 7pm	25	26 Rehearsal 5 - 7pm	27	28
29	30					

### October

SUN	MON	TUES	WED	THURS	FRI	SAT
		1 Rehearsal 5 - 7pm	2	3 Rehearsal 5 - 7pm	4	5
6	7	8 Rehearsal 5 - 7pm	9	10 Rehearsal 5 - 7pm	11	12
13	14	15 Rehearsal 5 - 7pm **Must be available for this rehearsal**	16	17 Rehearsal 5 - 7pm **Must be available for this rehearsal**	18	19
20	21 Potentially Added Rehearsal? TBD	22 Dress rehearsal Rehearsal 5-7pm **Must be available for this rehearsal**	23	24 Dress rehearsal Rehearsal 5-7pm **Must be available for this rehearsal**	25 Performance •Cast Called @5pm •Show Starts @6:30pm	26
27	28	29	30	31		



274 Main Street :: Northampton, MA :: 01060

**CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT  
FOR NON-PROFIT USE**

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

Program \_\_\_\_\_

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs or videotapes of the student above by the Academy of Music Theatre.

I also grant to the Academy of Music Theatre the right to edit, use, and reuse said products for non-profit use in print, on the Internet, and all other forms of media. I also hereby release the Academy of Music Theatre and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address of  
Parent/Guardian \_\_\_\_\_





## **WHAT TO BRING & WEAR**

- Bring your fabulous self ready to sing, dance, learn, and create!
- A filled water bottle with a secure lid or seal. (If it gets knocked over it's not a guaranteed spill)
  - Please only bring water.
- **Musical Theatre is a very athletic art form.** It is important to wear clothing that offers you **freedom of movement with no hazards** for you or your teammates (such as being so baggy you trip, or has a fringe that's going to hit someone else).
- You also don't want to wear anything you mind getting sweaty and dirty.
- Wear shoes that **cover your full foot** (no open toes) and **fit securely and comfortably**. They must be either appropriate jazz/dance shoes, or sneakers or athletic shoes that can be securely laced, tied, or velcroed.
- **DO NOT WEAR FLIP FLOPS, SANDALS, HEELS, BOOTS, CROCS, OR ANY OTHER LOOSE FITTING OR HEAVY SHOES TO WORKSHOP.** Nothing that flops, slips, or could potentially go flying. We don't want you to trip or send your shoes soaring at someone else.
- **Shoes will be required at all times - no bare feet.**
- Wearing attire not appropriate for dancing may result in being asked to sit out during certain periods of time for the safety of yourself and others.
- It is recommended to **not bring any jewelry or other unnecessary items**. Small, quiet fidget toys and focus items are welcomed when not a distraction or hazard onstage, but anything that will cause great sorrows if lost, stolen, or broken should be kept at home.
- **NOTE: Gum and cell phones will not be allowed on the stage.** Chewing gum poses risks of choking while singing and dancing, and cell phones in pockets can fall out and get damaged and pose a hazard to yourself and surrounding dancers.
- Bringing a small backpack or tote bag to carry your lunch and have a place to keep cell phones and other personal items together while on stage is recommended.

### **Please DO NOT attend a workshop day if experiencing any symptoms of COVID-19, Cold, or Flu:**

- Fever
- Persistent cough
- Headache
- Sore throat
- Gastrointestinal symptoms such as nausea, vomiting, belly pain, or diarrhea
- Chills or muscle aches and pain
- Extreme fatigue
- New nasal congestion

**Students who are not feeling well and exhibiting contagious symptoms may be asked to sit out or be sent home early.**