

The 2009 Summer Institute for the Arts
APPLICATION FOR ADMISSION



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STUDENT INFORMATION

Applicant's Last Name		First Name	MI
Street Address		City	State Zip
Age	Birth date	Grade	School Attending Next School Year
Gender	E-mail Address		T-Shirt Size (Youth S-XL; Adult S-XXL)
Parent/Guardian's Name		Home Phone	Work Phone Cell Phone
Emergency Contact Name		Emergency Contact Phone Number	

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PROGRAM INFORMATION

Please indicate the program(s) for which you are applying:

- SIFTA Academy**
July 6 – 10, 2009, 9:00 AM – 12:00 PM (Grades K-2)
July 6 – 10, 2009, 1:00 PM – 4:00 PM (Grades 3-5)
\$125. No audition required. Rockland Woods Elementary
 Group: Grades K-2 Grades 3-5
 Concentration: Visual Art Music
 Dance
- SIFTA Apprenticeship**
July 13 – 17, 2009, 9:00 AM – 4:00 PM, Ages 11-18
\$200. Qualifying Audition required. Rockland Woods Elementary
 Concentration: Rock Band Vocal Performance
 Visual Art Acting
 Dance Film
- SIFTA's Youth Expressions Theatre Intensive (YETI)**
July 20 – August 1, 2009, 9:00 AM – 4:00 PM, Ages 8-18
\$325 (by April 30); **\$360** (thereafter). Audition required. Rockland Woods Elementary
 I am applying for: Intern in Training (Ages 16-18)

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AUDITIONS

Auditions for the **SIFTA Apprenticeship** and **SIFTA's YETI** will take place on Saturday, May 16, 2009 at E. Russell Hicks Middle School, from 9:00 AM to 5:00 PM. No auditions are required for SIFTA Academy. Please indicate your top three (3) audition time preferences:

- Morning: 9 AM – 10 AM 10 AM – 11 AM 11 AM – 12 PM
 Afternoon: 1 PM – 2 PM 2 PM – 3 PM 3 PM – 4 PM 4 PM – 5 PM

We will do our best to accommodate your preference, but auditions times will be assigned on a *first come, first served* basis. Once your registration is received, we will send you a Welcome Packet which will include your scheduled audition time.

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ABSENTEEISM

Absenteeism strongly affects casting, and for this reason, we recommend that you avoid missing any scheduled Summer Institute times, rehearsals, or performances unless it is an absolutely emergency. Please note that students who leave early or miss full or partial days of the program may, in doing so, forfeit their role(s) in the performances. If you have already verbally expressed conflicts, please list them here for our records:

I have read and understand the above regarding absenteeism and casting.

Parent/Guardian Signature Date

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MEDICAL INFORMATION

Physician's Name _____ Physician's Phone number _____

Does student require special health care (inhaler, etc.)? No Yes (explain:) _____

Does student have allergies? No Yes (indicate required treatment::) _____

Does student have seizures? No Yes (indicate date of last seizure and treatment:) _____

List any conditions which could affect or limit activity, such as vision, hearing, development disabilities, behavioral disorders, etc.:

Does student require use of mobility aids or have any other health concerns? No Yes (specify:) _____

I, _____, understand that injuries may occur during participation in this program. I understand that every precaution will be taken to secure the safety of participants. I assume upon myself the risk of injury. I hold harmless Authentic Community Theatre, Inc., its agents, employees and volunteers from any claims arising of this activity.

Parent/Guardian Signature _____ Date _____

A Medication Profile Form with physician's signature is required in advance for any medication (including non-prescription) to be administered during camp.

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TRANSPORTATION RELEASE

I, _____, give permission for my child, _____, to be transported by Authentic Community Theatre, Inc. agents, employees, and volunteers during his/her time at the Summer Institute for the Arts. I understand that every precaution will be taken to secure the safety of participants. I assume upon myself the risk of injury. I hold harmless the Washington County Board of Education and Authentic Community Theatre, Inc., its agents, employees and volunteers from any claims arising from participating in SIFTA.

Parent/Guardian Signature _____ Date _____

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REGISTRATION AND PAYMENT

All application materials must be submitted together by **May 16, 2009.**

- Costs:**
- SIFTA Academy**, July 6-10, 2009, \$125 (includes all instruction and materials)
 - SIFTA Apprenticeship**, July 13-17, 2009, \$200 (includes all instruction and materials)
 - SIFTA's YETI**, July 20-August 1, 2009, \$325 (by April 30), \$360 (by May 16)
(includes all instruction and materials, camp t-shirt, DVD of performance, and CD of original music)

Payment Details: Make checks payable to **Authentic Community Theatre, Inc.**
Due to staffing requirements, tuition refunds will not be available.

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CHECKLIST

- Application
- Student Questionnaire (enclosed)
- Check for \$ _____

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MAIL APPLICATION MATERIALS

Authentic Community Theatre, Inc.
PO Box 4840
Hagerstown, MD 21742

Questions? E-mail info@actforall.com.