



ACT Out East FALL 2010 Registration Form

Tuesdays 4:45-7:45pm

Sept .21st 2010 – Jan. 16th 2010 (performance date)
no class Nov. 23 (Thanksgiving break) and Dec. 28 (Christmas Break)

Mail to: ACT out East, P.O. Box 2019, Riverhead, NY 11901
or Fax (with credit card information only): 631-653-3471

Child's Name: _____ Child's DOB: _____ Age _____

School/Grade: _____ Male _____ Female _____

Parent(s) Name: _____

Address Home: _____

Mailing: _____

Home Phone: _____ E-mail: _____

Parent(s) Work: _____ Cell: _____

Emergency Contact Name and Phone: _____

Pediatrician Name and Phone: _____

People who have authorization to drop off/pick up child (Name/Phone):

Please circle: I do / do not give my child the permission to arrive and leave class unattended

Please briefly list previous experience/training in the performing arts and any special needs you feel may help us in working with your child:

\$375 due with registration form

\$375 due March 15, 2010

Check enclosed _____ Check # _____ Credit Card: MC _____ VISA _____ Discover _____ Amex _____

Credit Card Number: _____ Expiration Date: _____ 3 digit code: _____

Amount Authorized: _____ Cardholder Name/Signature: _____

Authorization to charge remaining balances on above dates: _____ Signature: _____

Please note there will be no refunds after the first day of class. ACT out East reserves the right to dismiss any student who is disruptive.

For Office Use Only:

Date Received: _____ Amount Paid: _____

Date Balance Paid: _____ Amount Paid: _____



ACT Out East All Children's Theatre Student Conduct Contract

Students and Parents: Please read carefully and sign at bottom.
Please make a copy of this contract for your own records.

I agree to show respect for all instructors, the theatre and my fellow classmates. This includes listening to the instructors, cooperating with my peers, and changing my behavior when asked. Ongoing unacceptable or inappropriate behavior may cause dismissal from the program with no refund.

I agree to attend all classes and meetings. In case of lateness or absence, it is my responsibility to notify the directors of ACT Out East at least two hours prior to class by calling 631.348.2142 or 631-903-4299.

I understand that the show will be cast within the first two weeks of the program. I understand that ACT Out East is primarily a training program, and as such I will receive instruction in acting, voice, and dance. I understand that the show is the vehicle for which to study the performing arts, and I will agree to accept whatever part I am cast in. I understand that the instructors at ACT Out East make all casting decisions together and that they have my best interests in mind. I promise to do my best with whatever part I am given, even if it is not the part I had hoped for.

I agree to come prepared to class with lines/choreography/song memorized, if applicable.

I agree to be responsible for my belongings and respect the belongings of others. I agree to leave class and/or rehearsal area neat and dispose of all trash properly. I agree not to harm or destroy property of the Vail Leavitt Music Hall. I understand if I break this agreement, my parents will be liable for the payment of damages and I may be dismissed from the program with no refund.

I have read and understand the above conduct contract and I agree to follow it while participating in ACT Out East's program.

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

Photo/Video Consent:

I hereby give consent for my child to be photographed and/or videotaped during the course of ACT Out East's program. I agree to allow ACT Out east to use my child's image for promotional purposes.

PARENT SIGNATURE: _____ DATE: _____

Date Received: _____ Initialed: _____