

The Revere Lamplighters Youth Performance Guild

5229 Broadview Road, Richfield, Ohio 44286 Box Office: (330) 523-6580 Class Registration Form

2024 Summer Performance Workshop June 10th thru July 19th

The Lamplighters

SUMMER PERFORMANCE WORKSHOP

JUNE 10TH - JULY 19TH
MONDAYS, TUESDAYS AND THURSDAYS
9:00 AM - 1:00 PM
PERFORMANCE DATES
JULY 19TH, 20TH & 21ST

OPEN TO CHILDREN AGES 8 TO 16

REGISTRATION FEE \$225

REGISTER BY MAY 1ST SAVE \$40!

DISCOUNTS AVAILABLE FOR SAME FAMILY MEMBERS

REGISTER NOW

DOWNLOAD THE FORMS AT
WWW.REVERELAMPLIGHTERSYPG.ORG
OR CALL (330) 523-6580 FOR INFO

REHEARSAL AND PERFORMANCE SPACE
VILLAGE OF RICHFIELD FELLOWSHIP HALL
3909 BROADVIEW ROAD, RICHFIELD

JOIN THE REVERE LAMPLIGHTERS SUMMER PERFORMANCE WORKSHOP 2024. THIS WORKSHOP OFFERS CHILDREN AN OPPORTUNITY TO LEARN ABOUT STAGE PERFORMANCE AND THE DIFFERENT ASPECTS OF THEATER PRODUCTION INCLUDING ACTING, VOICE TRAINING, IMPROVISATION, AND MOVEMENT, AMONG OTHER SKILLS. PARTICIPANTS WILL ALSO PRODUCE A PLAY EITHER ON STAGE OR WORKING BACKSTAGE, DEPENDING ON THEIR PREFERENCE

- THE WORKSHOP INCLUDES LEARNING ABOUT THE CASTING PROCESS AND AUDITIONING FOR PARTS
- PARTICIPANTS WILL BE EDUCATED ON PROPER THEATER ETIQUETTE.
- THERE WILL BE LESSONS ON CREATING STAGE SETS, HANDLING PROPS AND UNDERSTANDING THE ROLES BEHIND THE SCENES.
- ALL THOSE WHO REGISTER ARE ASSURED A ROLE IN THE PRODUCTION.



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Name of Child: Age [ages 8 - 16]:		Nickname:				
Please use a new form for additional						
Name of Parent/Guardian:						
Address:						
Home:	Cell:	Additional Cell:	Additional Cell:			
E-mail:	Additional Email:					
Emergency Contact information (diff	erent from caregiver please!):					
Name:	Phone:	Relationship:				
Child's Theater Experience (if no expe	erience, that's okay!):					
RLYPG Registrant Agreements:						
	theater experience is necessary. RLYPC a supportive and safe environment for	_	-			
C C	oag lunch and beverage each day as we hem to sit, lay and roll on the floor, as v	*	•			
• The RLYPG classes and workshops	will take place at a location to be deter	mined the designated dates as	nd times.			
	child to attend each day of the worksh		may be conflicts. Please tell us about			
Signature of Parent or Guardian:			_Date:			
I would like to be a parent volunteer	(details will be sent later):	íes! No thanks!				
Payment Information: Registration is siblings. Please note only one discou	\$225. Please call (330) 523-6580 for dis	count information if you are a	returning student or want to register			
[] Enclosed is my check, payable to T	he Revere Lamplighters for \$					
[] Credit Card: All major credit cards	are accepted.					
Number:		кр. Date: 3-d	ligit Security Code			
[] Request an official invoice for Ace	Scholarship payment/reimbursement.	(Please initial)				

Please mail this form with your payment to: The Revere Lamplighters, 5229 Broadview Road, Richfield, Ohio 44286 or you may call (330) 523-6580 to pay by card (fees apply). A confirmation will be emailed to you once we receive your payment.



Child's Name:

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Medical Release Form (Only fill out once per year)

Date of Birth:					Male:		Female:	
Allergies or other r	medical							
Name(s) of person 1.	who may p	ick my	ch	nild up after class/performance	with Valid	Driver'	s License:	
2.								
Parent's or Guardia Name:	an's							
Address:								
City ST ZIP Code:								
Home Phone:								
Cell Phone:								
E-Mail Address:								
	_			edian of this registered child her neater at Masonic Temple and/o				
nis/her participation in the	activities pl	anned f	for	this event and certify that he/s	she is physic	cally ab	le to engag	ge in the
event. I hereby grant to the l	eader in ch	arge of	th	e group the right to make emer	gency medi	cal dec	isions for n	ny child
he event I cannot be reache	d. I underst	and I/v	we	release and forever discharge	Γhe Revere l	Lampli	ghters, its	staff and
dult chaperones from any a	and all clain	ns, dem	nar	nds, actions, or causes of action,	past, presei	nt or fu	ture arisin	g out of
lamage or injury while part	icipating in	this eve	en	nt. I am at least 18 years of age, I	understand	l the ab	ove statem	nent and
ompetent and to execute th	is agreemei	nt.						
'ARENT/GUARDIAN SIG	NATURE _							
PRINT NAME					DATE	3		



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PARENTAL CONSENT AND RELEASE FOR PUBLISHING OR SHOWING MINOR CHILD'S STILL OR MOVING IMAGE - I, the parent/guardian of this registered child, understand that from time to time, pictures are taken during the activities at The Revere Lamplighters, or under its direction, then they are presented in various church-sponsored media. These include, but are not limited to: pictures, video productions, newsletters, TV programs, web casts, brochures, handbooks, programs and Internet web pages. This form is to notify you those meetings, events, activities (including rehearsal and classroom settings) are considered public, and they are videotaped or photographed and used in the above listed manner. Further, on occasion a child's image may be singled out and used as an identifiable image. In order for us to use an image of your child where they are not part of a larger group, we ask that you sign the waiver below to grant permission for us to use your child's image. I hereby remise, release and forever discharge The Revere Lamplighters, its agents and employees from any liability for any injury or action against the above named minor resulting from the use of such pictures, video or other image in any medium utilized. This release includes that The Revere Lamplighters will not be responsible for other user's reproduction, display, distribution or modification of the minor's images in any manner, nor will The Revere Lamplighters be responsible for defamation, misrepresentation, criminal acts by any unauthorized use of The Revere Lamplighters images by third parties. I hereby release to The Revere Lamplighters all rights to copyright this work and or exhibit this work in print or electronic forms, publicly or privately. I also permit them to market and sell copies as necessary. I waive any rights, claims or interest that I or my child may have concerning these images. I understand that I will not be compensated in any way for the use of my child's photograph, whether it is a still or moving image. You have my permission to use my child's image in the media types listed above, as well as any new media formats that are developed in the future. I am at least 18 years of age, I understand the above statement and I am competent and to execute this agreement.

PRINT NAME	DATE				
PARENT/CHARDIAN SIGNATURE					

(Only fill out once per year)