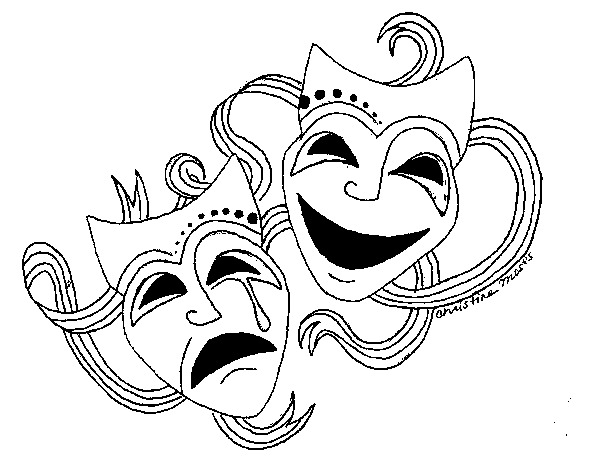
**2021 Winter Performance Workshop**

**October 6th thru December 5th**

**Created by Executive Director Ms. Kelly Elliott Clark**

Join us this winter for an all-new Revere Lamplighters Winter Theater Workshop! Your child will engage in activities that will teach them to be on stage and learn the tools of the actor including creativity, voice inflection and character development.  The workshop is open to children ages 9 – 17.  Space is limited to 20. All students who register will receive a role in the play!  
   
Classes begin October 6 on Wednesdays from 5:30 - 7:30 pm and Saturdays 9:00 am to Noon. Performance dates are December 3rd, 4th and 5th at the Village of Richfield’s Fellowship Hall, 3909 Broadview Road Richfield, Ohio. Production week’s schedule will be determined. Rehearsals space Performance dates are November 30th, December 1st at 7:30 p.m. and Sunday, December 2nd at 2:30 pm at the Fellowship Hall, Richfield, Ohio (rehearsal space as well).  
   
Registration is $175.00 per student and discounts are available for siblings.  **Save 20%** if you register by September 16th.  Registration closes October 4th.  Call (330) 523-6580 to register.  Visa, MasterCard, American Express, are accepted through Square Reader® (fees apply). We also accept check or cash. If you need further information please call (330) 523-6580 or email RevereLamplightersYPG@gmail.com. You may also visit our website at www.reverelamplightersypg.org.

**Class size is limited so enroll now**!



Name of Child: Age [ages 8 - 18]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use a new form for additional family members

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact information (different from caregiver please!):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Theater Experience (if no experience, that's okay!):

RLYPG Registrant Agreements:

• Please note that while no previous theater experience is necessary. RLYPG requires that the child have an interest in being involved in the workshop! The workshop will create a supportive and safe environment for the child to try something new; we only ask that they come willing to try and willing to say “Yes!”

• Each child should bring their own bag lunch and beverage each day as well as a beach towel (Classes more than four hours). Children should wear comfortable clothes that allow them to sit, lay and roll on the floor, as well as socks, tennis shoes. No flip flops please! Please label all belongings with your child’s name.

• The RLYPG classes and workshops will take place at a location to be determined the designated dates and times.

• I acknowledge that RLYPG may be using REMIND to communicate with parents throughout the program. Remind is a free, safe, and simple messaging tool that helps teachers share important updates and reminders with students & parents. Subscribe by text, email or using the Remind app. All personal information is kept private. Invitations will be sent to use the program.

• Although we would prefer for your child to attend each day of the workshop we understand that there may be conflicts. Please tell us about those conflicts, if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to be a parent volunteer (details will be sent later): \_\_\_\_\_\_\_\_\_\_ Yes! \_\_\_\_\_\_\_\_ No thanks!

Payment Information: Please see specific class for amount due. Please call (330) 523-6580 for discount information if you are a returning student or want to register siblings. Please note only one discount applies.

[ ] Enclosed is my check, payable to The Revere Lamplighters for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Credit Card: All major credit cards are accepted.

Number: \_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date: \_\_\_\_\_\_\_ -\_\_\_\_\_\_\_ 3-digit Security Code \_\_\_\_\_\_\_\_\_\_

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.

Medical Release Form (Only fill out once per year)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name: |  | | | | | | | |
| Date of Birth: |  | | | Male: |  | Female: |  | |
| Allergies or other medical conditions: | | |  | | | | | |
| Name(s) of person who may pick my child up after class/performance with Valid Driver’s License:  1.  2. | | | | | | | |  |
| Parent’s or Guardian’s Name: | |  | | | | | | |
| Address: |  | | | | | | | |
| City ST ZIP Code: |  | | | | | | | |
| Home Phone: |  | | | | | | | |
| Cell Phone: |  | | | | | | | |
| E-Mail Address: |  | | | | | | | |

PARENTAL RELEASE FORM I, the parent/guardian of this registered child hereby give permission for him/her to participate in The Revere Lamplighters Youth Theater at Masonic Temple and/or Revere High School. I consent to his/her participation in the activities planned for this event and certify that he/she is physically able to engage in the event. I hereby grant to the leader in charge of the group the right to make emergency medical decisions for my child in the event I cannot be reached. I understand I/we release and forever discharge The Revere Lamplighters, its staff and adult chaperones from any and all claims, demands, actions, or causes of action, past, present or future arising out of any damage or injury while participating in this event. I am at least 18 years of age, I understand the above statement and am competent and to execute this agreement.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Only fill out once per year)