

Act Out! Olathe - Theatre Arts Academy - (913) 780-6171

There are actors of all ages on stages from Broadway to Kansas City. Act Out! Olathe is proud to offer multi-age classes that allow students to explore their gifts and develop their talents. Our students learn to use skill, talent, & imagination to become anyone they can imagine, & achieve everything they can dream.

Join us this fall! Classes are **\$40 per month**.

Professional Instructors include:

- A former DISNEY performer (Characters, stage shows & parades, TV's Holiday Splendor)
- An Ohio Light Opera professional; also featured on CD's (Barnes & Noble).

FALL CLASSES:

A Charlie Brown Christmas, Acting Showcase Class (Grades 2 – 8)

Our multi-age performance class reinforces theatre fundamentals while teaching characterization and memorization. Students will work on a brief showcase for parents and friends (semester's end).

Auditions are Sept. 11, in hopes of casting each student enrolled in this class. Min. 8 Max. 16

GREASE! Musical Medley (grades 4 – 9)

Have a blast learning the basic elements of vocal music while building confidence, improving your tone quality, and learning proper breathing techniques. Performance at semester's end! Min 4 Max 16

Imagination Station

Students ages 4 through 7 are invited to join us on a theatrical journey as we teach students how to use their imaginations, bodies, and voices to create characters and fun scenes. Min. 4 Max. 10

Improvisation: Jr. Comedy Hour (grades 2 – 6) Enjoy theatre games as you laugh out loud with fun new friends and become skilled in the fundamentals of acting without a script. Min. 8 Max. 16

Vocal Music Studio (grades 4 – 9) Improve your voice for auditions and musical theatre, while receiving individualized and professional attention in this small studio workshop. Min. 4: Max. 8

Laugh Out Loud! Improvisation II (grades 4 – 9)

Enjoy hilarious theatre games while making new friends. Become skilled in using mind, body, and voice to create characters and scenes while acting without a script. Learn theatre fundamentals and terminology while laughing out loud in this comedy hour for teens and in-betweens. Min.6 Max. 12

Creation Station (Arts & Crafts for grades K – 6)

An early introduction to Stagecraft, students will enjoy this hands-on class. Enjoy fun arts & crafts activities as you ponder a future in costuming or set design. Min. 4 Max. 12

ACT OUT! Olathe

Fall classes begin Sept. 11, 2008

Submit this form & \$ 40 (your non-refundable first month's tuition)

To: First Christian Church, 200 E. Loula, Olathe, KS 66061.

Information: (913) 780-6171

Student's Name: _____ Age: _____ Date of Birth: _____

School: _____ Current Grade: _____ Parent Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Parent Cell Phones: _____

Parent or Guardian Name(s): _____

Another emergency contact is: _____ Phone: _____

Allergies, Needs, or Medical Information: _____

Enroll my student for

- | | | |
|--|---------------------|-------------------------------|
| <input type="checkbox"/> Imagination Station (Intro to Drama Fun) | Thurs. 4:30 – 5:25, | pre-k – 2 nd grade |
| <input type="checkbox"/> Improvisation: Jr. Comedy Hour (Drama Games) | Thurs. 4:30 – 5:25, | grades 2 – 6 |
| <input type="checkbox"/> Charlie Brown Christmas; Drama Showcase Class | Thurs. 5:30 – 6:25, | grades 2 – 8 |
| <input type="checkbox"/> Vocal Music Studio, Solo & Ensemble Workshop | Thurs. 5:30 – 6:25, | grades 4 – 9 |
| <input type="checkbox"/> Creation Station (Arts & Crafts) | Thurs. 5:30 – 6:25, | grades K - 6 |
| <input type="checkbox"/> GREASE! Music Medley (vocal music) | Thurs. 6:30 – 7:25, | grades 4 - 9 |
| <input type="checkbox"/> Laugh Out Loud! Improvisation II | Thurs. 6:30 – 7:25, | grades 4 - 9 |

Payment Schedule: Fall Classes are 10 weeks long.

* \$40 due upon registration

* \$40 due Oct. 2

* \$40 due Nov. 6

* \$20 due Dec. 11

One cancelled class is allowed due to weather or emergency without a make up date. If a 2nd class is cancelled, a make-up date will be determined. Tuition is never pro-rated, reduced, or refunded for absences. Parents must pick up students after class, on time. Parents agree that Act Out! Olathe does not provide supervision after class dismisses.

LIMITED FINANCIAL SCHOLARSHIPS AVAILABLE Based on need

- Limited funds are available to participants who are unable to pay the full tuition.
- Your signature certifies that your request **is based on financial need** and an inability to afford total tuition.
- **Submit this registration with a one-month payment** in the amount you can afford.
- We will consider your request, and contact you if we are unable to provide a scholarship.

I'm applying for a scholarship based on financial need.

The amount I can afford Per Month: \$40 \$35 \$30 \$25 \$20

I have enclosed a check for the first month in the amount marked above. Check # _____

PARENT'S SIGNATURE:

DATE:

ACT OUT ! OLATHE Registration Page Two
Liability Waiver & Consent for Medical Treatment

Student's Name: _____ Date of Birth: _____ Phone () _____

Allergies / Medical Info: _____

Address _____ City _____ State _____ Zip _____

These agreements begin on Sept 1, 2008 and end on Sept. 1, 2009.

Release of Liability

As the undersigned adult I affirm that I am the parent and/or legal guardian of the above referenced minor (Child). I hereby grant permission for Child to participate in activities, events or trips that are conducted and/or sponsored, in whole or in part, by Act Out! Olathe, Margaret-Leigh Guthrie, staff & volunteers, and /or First Christian Church of Olathe. In consideration of Child being permitted to participate in activities or trips, I hereby release and hold harmless Margaret-Leigh Guthrie, Act Out! Olathe, and First Christian Church of Olathe, its officers, employees, ministers, representatives and volunteers from any and all liability for any resulting damage or injury that Child may incur.

- 1) I understand that this Release & Waiver of Liability applies to all activities, events and trips.
- 2) I understand that as a result of participating in activities, events or trips my child may be transported by bus, car, or van.
- 3) I understand that I am responsible to **deliver my child inside the building.**
- 4) **I understand that I must arrive at the classroom door 5 minutes early** to pick up my child after class. I alone am responsible for the safety of my child in arriving and departing the classroom, even if I appoint someone to pick up or deliver my child in my absence.
- 5) I agree that Act Out! Olathe is not responsible for supervising my child after my child's class is dismissed.

Agreement to be held responsible for child's behavior and actions.

I understand that all "Act Out! Olathe" activities, events and trips are alcohol free, smoke free, and drug free and are governed by generally accepted rules of conduct and behavior.

- 1) I hereby agree to be held liable for Child's actions and release Margaret-Leigh Guthrie, Act Out! Olathe, and First Christian Church of Olathe from any liability for Child's actions, in the event that such actions or behavior causes damage or injury to property or person.
- 2) I acknowledge that Act Out! Olathe reserves the right to restrict Child's involvement in any activity. I agree to pick up my child immediately if asked & will not receive a refund if my child is dismissed due to behavior, language, or disrespect.

II) Emergency Contacts: In the event I need to be contacted I can be reached at:

Home Phone:	Office Phone:	Cell Phone 1	Cell Phone 2	Alternative Contact

Consent for Medical Treatment

In the event of an accident or injury to my Child, authorization is hereby given to an appropriate adult representative or volunteer of "Act Out! Olathe" to do or arrange for any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power: (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures. I agree to be responsible for all costs incurred as a result of medical treatment or hospitalization for Child.

Consent for Photo Release

I hereby authorize and consent that Act Out! shall have the right to copyright, publish, use, sell, allow, or assign any photographic portraits or pictures, television spots, films, videotapes and/or sound recordings of my child, or group including my child.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

NOTARY: Subscribed and affirmed
before me on this ____ day of _____, 200____
Signature of Notary Public: (or SEAL)

My commission expires: