

Welcome to Haven Academy's K-5 Musical!

Our K-5 Musical is designed to service both seasoned and first time performers in grades K-5. This particular program functions as both a class and a production. Students will walk through the entire rehearsal process from a mock audition to a final performance with full sets, costumes, and props. First time performers will receive the preparation necessary to participate in one of Haven's full-length productions. Our more seasoned performers will polish their skills with opportunities for speaking roles and solos. All roles will be chosen based on participation, attitude, and performance during rehearsals.

Rehearsals Tuesdays and Thursdays 4:00-5:30
OCF Auditorium, 343 Coral Circle, El Segundo
Rehearsals begin Tuesday 1/12
Performances: 3/19 and 3/20
Tuition: \$180 (\$205 after 1/4)

In order to register, you will need to complete the following forms:

Registration Form
Commitment Contract
Rehearsal Expectations
Medical Release Form
Video/Photo/Website Release

Please mail these forms, with a tuition check for \$180 to:

Haven Academy of the Arts
343 Coral Circle
El Segundo, CA
90245

If you would like to request a scholarship or sibling discount, you must also download the **Scholarship Request Form** and include it with your registration forms.

We hope to see your smiling face on our first day of classes. May God bless you as you explore all the wonderful benefits a Haven Academy production has to offer!

For Him Always,
Rebekah Hellerman
Artistic and Managing Director
Haven Academy of the Arts

Registration Form

Child's Name: _____

Parent(s): _____

Age: ____ Birthday: __ / __ / __ Grade: _____

Address: _____

Home Phone: () ____ - _____ Cell: () ____ - _____

E-mail: _____

Please list any performing experience:

Please list *any* potential conflicts that might interfere with either the rehearsal schedule or performances. This includes vacations, sports, school commitments, etc.

**Commitment Contract
Winter 2009 Mini-Musical**

Rehearsals:

Rehearsals Tuesday and Thursday Nights 4:00 PM-5:30 PM

Additional Rehearsals Sat 3/6 10:00 PM-2:00 PM, Sat 3/13 10:00 AM – 4:00 PM, Mon 3/15 4:00-?, Tu 3/16 4:00-?, Wed 3/17 4:00 PM-?, Th 3/18 4:00 PM-?

Workdays:

Load In Sun 3/14 12:30 PM

Strike Set Sat 3/20 after performance

Performance Dates:

Performances Fri 3/20 7:00 PM, Sat 3/21 2:00 PM

As a Cast Member, I commit to...

Attend all rehearsals beginning Tuesday January 12, 2009 unless I am sick or have indicated a conflict on my registration form

Participate in both performances (Fri 3/20 and Sat 3/21)

X _____
(Cast Member Signature)

As a Parent, I commit to...

___ Participate in 1 of 2 Workdays

OR

___ Pay a non-participation fee of \$50

___ Help with 1 of 2 performances

OR

___ Pay a non-participation fee of \$50

Note: Any family member (Grandparent, Sibling, Uncle, Cousin) above the age of 16 can substitute for parent participation for either Workdays or performances.

X _____
(Parent Signature)

Rehearsal Expectations

Theatre is about fun. But it's also about learning discipline, work ethic, and respect. Parents, please take a look at the expectations below with your child.

Cast Member Expectations

Bring your script

Wear comfortable clothing you can dance in (sweats, pjs, leotards, etc.)

Wear dance or tennis shoes (no flip flops)

Arrive on time

Support and encourage fellow cast members

Pay attention and listen when a Haven staff member is speaking

Respect rehearsal facilities

Clean up after yourself

Memorize all lines, lyrics, and dances on time

Never touch another cast member's prop or costume

Sport a good attitude

Always give your best

Parent Expectations

Drop off your child on time (please do not drop off your child before 3:45)

Sign your child in and out of all rehearsals

Read the announcement board at the sign-in table

Pick up your child on time (5 minute grace period, then \$1 per minute late per child)

Contact the director if your child is sick or unable to attend rehearsal

I have read and agree to abide by the above expectations

Parent Signature: _____

Child's Signature: _____

Haven Academy of the Arts
Medical Release

Child's Full Name _____

Child's Age _____

Parents Name _____

Phone _____

Mobile number & or pager _____

Name & Phone number of person to contact in the event that the parent/guardian cannot be reached in an emergency _____

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the representative of Haven Academy of the Arts to secure proper treatment and/or hospitalization, an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian below is intended to serve as a medical release. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required and to provide authority and power on the part of an Haven agent to give consent to any and all such treatment and hospitalization deemed advisable. This authorization is to be effective from January 1, 2010 to March 31, 2010.

Parent or Guardian's Signature and date

Haven Academy of the Arts

343 Coral Circle, El Segundo, CA 90245 - 310.944.0024

PHOTO, VIDEO and WEBSITE RELEASE FORM

Dear Parent or Guardian:

On occasion, representatives from the Haven Academy wish to photograph, videotape or interview students in connection with Haven Academy programs or events. Educating the public about Haven Academy is one of our objectives. The entire community benefits from knowing about the abilities of our students and about the programs Haven Academy offers to the children in our community.

In order to release student photos, video footage, comments or to post items on the Haven Academy website, we need your written permission.

To give your consent, please complete the form below.

I, _____, parent or guardian of _____, give permission for my child to be photographed, videotaped and interviewed by representatives from the Haven Academy for the purpose of publicizing the educational programs at Haven Academy. I authorize the use and reproduction, by the Haven Academy and anyone authorized by the Haven Academy, of any and all photographs, videotapes and interviews taken of my child, without compensation to me or my child. All of these photographs, videos and interviews shall be the property, solely and completely, of the Haven Academy. I waive any right to inspect or to approve the finished photographs, videotapes, sound tracks, scripts and printed matter that may be used by the Haven Academy.

Date: _____

Parent or Guardian Signature:

Address:

OR _____ I am 18 years of age or older and I give my consent without reservations to the foregoing on my own behalf.

Signature:

Address: