



## **Policies and Participation Contract** ***Haven West Adams – Jungle Book KIDS*** **Grades: 1<sup>st</sup>-12<sup>th</sup>**

*Welcome to Haven Academy! We are so grateful to explore the world of theatre and performance with our students. Please read the following registration information carefully, and reach out to the director at [emily@havenartsacademy.org](mailto:emily@havenartsacademy.org) or (310) 944-8906 if you have any questions.*

As a youth theatre organization, Haven strives to choose age appropriate, family-friendly material for our students to perform. When you audition for a Haven production, you are agreeing to participate in the full production. Scripts are always available for parents to peruse before auditions; if content is a concern for you, we advise you to review the material before signing your child up for the program.

- **Rehearsals:**
  - Tuesdays and Thursdays 3:30-5:30 PM, from 2/20/24 – 5/18/24
- **Tech Week:**
  - May 13<sup>th</sup> – May 16<sup>th</sup> 3:30 – 6:30 PM
- **Location:**
  - LACS Middle School 1620 Cordova St, Los Angeles, CA 90007
- **Tuition:**
  - \$25 for students living in the West Adams and Pico Union neighborhoods (90006, 90007, 90015 zip codes.) \$10 for each additional sibling.
  - \$200 for residents living outside the West Adams neighborhood.
  - Full and partial scholarships available. To apply for a scholarship, all the information must be filled in on the scholarship application and you must provide a copy of your child's most recent report card.
- **Performances:**
  - Friday, May 17<sup>th</sup> at 6:00 PM (call time for students is 4:00 PM)
  - Saturday, May 18<sup>th</sup> at 2:00 PM (call time for students is 12:00 PM)
- 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**
  - **Cast Pick Up Form**
- Please bring these forms on the first day of rehearsal.
- Please arrange to drop off your child no earlier than 3:30 PM. Pick up is promptly at 5:30 PM. Childcare will not be provided past 5:30pm. If there are more than three late pickups, students will be removed from the program.
- Anyone currently in grades 1<sup>st</sup> – 12<sup>th</sup> during the 2023-2024 school year may participate.
- Students should wear comfortable clothing. Sweats or leggings are great. No flip flops. Tennis shoes or dance shoes only. Please keep tummies covered.
- All students and parents must adhere to the COVID-19 Policies and Protocols outlined in this packet.

*I have read and understood the above statements.*

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Policies and Participation Contract**

### ***Haven West Adams Jungle Book KIDS***

### **COVID-19 Policies**

Haven Academy of the Arts cannot prevent you or your child from becoming exposed to, contracting, or spreading COVID-19 while participating in its programming. It is not possible to prevent against the presence of the disease. Therefore, if you or your child choose to participate in Haven Academy of the Arts programming, you may be exposing yourself/your child to and/or increasing your risk of contracting or spreading COVID-19.

\_\_\_ I acknowledge that EACH day my child participates in the program they are symptom free of the following list of symptoms related to COVID-19 as defined by the CDC: fever, chills, cough, shortness of breath, recent loss of taste or smell, headaches, muscle pain, sore throat, nausea and/or vomiting.

\_\_\_ Additionally, I agree that if my child develops potential COVID-19 symptoms (fever, chills, cough, shortness of breath, recent loss of taste or smell, headaches, muscle pain, sore throat, nausea and/or vomiting) while in the program, I will keep my child home from rehearsal and notify Haven staff immediately for instructions on returning after an illness.

\_\_\_ Should my child be in close contact with someone who has tested positive for COVID-19, I commit to contacting Haven staff for quarantine and testing instructions. I understand that my child may not need to quarantine but should still contact Haven Academy for instructions if exposed.

\_\_\_ Additionally, should my child test positive for COVID-19, I commit to informing Haven staff as soon as possible to report. I will also contact Haven staff for instructions on quarantine and return to rehearsal procedures and follow accordingly.

\_\_\_ I also understand Haven Academy of the Arts' obligations to report any known cases of COVID-19 to other program participants, staff, partner programs who may be at risk of exposure. Information on specific identify of the individual will be kept confidential and shared only on a need-to-know basis and Haven Academy of the Arts will only share information about when the participant was potentially exposed.

\_\_\_ I recognize that the determination for in-person vs. virtual rehearsals/performances is entirely dependent upon government regulations, and health factors of cast members involved. Haven Staff is not responsible for government regulations limiting in-person instruction.

**ASSUMPTION OF RISK:** I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of myself or my child contracting COVID-19 in order to participate. These services are of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in Haven Academy of the Arts programming, rather than arranging for an alternative method of participating in the program virtually (e.g., video conference).

X \_\_\_\_\_  
(Parent Signature)



**Registration Form**  
***Haven West Adams – Jungle Book KIDS***

Child's Name: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_

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

Home Phone: (       ) \_\_\_\_\_ - \_\_\_\_\_

Parent's Cell: (       ) \_\_\_\_\_ - \_\_\_\_\_

Child's Cell: (       ) \_\_\_\_\_ - \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_

Child's E-mail: \_\_\_\_\_

Please list any performing experience:

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

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### **\*West Adams Attendance Policy**

Having more than 2 excused absences *and* 1 unexcused absence will result in a child's removal from the cast and rehearsal process.

In order for an absence to be considered *excused*, it must be approved ahead of time by the director and can include illness, family function (wedding, funeral, reunion), school or church trip. An *unexcused absence* is any absence that was not previously cleared by the director.



## Medical & Liability Release

### *Haven West Adams – Jungle Book KIDS*

Child's Full Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Parents' Names \_\_\_\_\_

Phone \_\_\_\_\_

Cell Number \_\_\_\_\_

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

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Any Allergies or Medical Conditions that Haven West Adams Staff should be aware of:

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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 a Haven agent to give consent to any and all such treatment and hospitalization deemed advisable. This authorization is to be effective from February 20, 2024 through May 18, 2024.

#### **COVID-19 CLAUSE**

I understand that Haven Academy of the Arts is not liable if I or anyone in my family contracts COVID-19 due my child's participation in a Haven Academy program. I am fully aware that any in-person instruction involves a level of risk, despite safety precautions taken.

#### **LIABILITY CLAUSE**

By registering my child, I agree to all Haven Academy of the Arts policies and rules; and further agree to defend, indemnify and hold harmless Haven Academy of the Arts and its affiliates, members, managers, employees and agents from all liabilities, costs and expenses (including reasonable attorney's fees) in any way arising out of or attributable to my child's participation or involvement in Haven Academy of the Arts activities or excursions. Without limiting the foregoing, I understand and hereby acknowledge the risks inherent in rehearsing and performing theatre arts material.

Parent or Guardian's Signature and date

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Photo, Video, and Website Release Form (New Students Only)

Dear Parent or Guardian:

On occasion, representatives from the Haven Academy may 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 learning 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, the parent/ guardian, give permission for my child to be photographed, videotaped and interviewed by representatives from Haven Academy for the purpose of publicizing the educational programs at Haven Academy. I authorize the use and reproduction, by Haven Academy and anyone authorized by 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 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 Haven Academy.

\_\_\_\_ I give Haven Academy permission to film my child in the event of a live-streamed or recorded performance.

\_\_\_\_ I give permission for Haven Academy to use any personal video or sound files that I send in as part of a class requirement.

Date: \_\_\_\_\_

Students Name: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

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: \_\_\_\_\_



## Haven West Adams Pick Up Form

### *Haven West Adams – Jungle Book KIDS*

\_\_\_ I will pick up my child from rehearsals

\_\_\_ My child will be dropped off at home by another parent

Name \_\_\_\_\_. Phone # (\_\_\_\_) \_\_\_\_\_.

\_\_\_ My child is free to walk home on his/her own

*Please note that once your child leaves the premises of the rehearsal space, Haven West Adams is no longer legally responsible for his or her safety.*

Parent Signature:

X \_\_\_\_\_

### **Parent Volunteer Commitment:**

Each family is required to participate in 2 volunteer slots including, but not limited to: workdays, performances, load in, or set strike. Note: Any family member (grandparent, sibling, uncle, cousin, etc.) age 18 and above can substitute for parent participation for either Workdays or Performances.

*I have read and understood the above statements.*

Parent Signature: \_\_\_\_\_





## Scholarship Request Form

*Please include this form when your turn in your  
Release Forms and Commitment Contract at the first day of class/auditions.*

Child's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Annual Gross Family Income: \_\_\_\_\_

Number of members living in household: \_\_\_\_\_

We are applying for:

\_\_\_\_ Sibling Discount      \_\_\_\_ Full Scholarship      \_\_\_\_ Partial Scholarship

Why is it important for your family to receive this scholarship?

Why does you child want to be a part of a Haven Academy Class or Production?

Are there any additional concerns or circumstances that might help us in determining the necessity of your child receiving a scholarship?

# **WAIT!**

**Did you remember to attach a copy of your most recent school report card? Don't forget ☺**