



Policies and Participation Contract

Haven West Adams Annie KIDS

Grades: K-12th

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 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 3:15-5:45 PM, from 1/7/25 – 3/13/25
 - Tech Week: Monday, March 17th – Thursday March 20th, 3:15-6:30 PM
- **Location:**
 - LACS Middle School 1620 Cordova St, Los Angeles, CA 90007
- **Tuition:**
 - \$25 for LACS students and students living in the Pico Union and Pico Union neighborhoods (90006, 90007, 90015 zip codes.) \$10 for each additional sibling.
 - \$200 for residents living outside the Pico Union 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, March 21st 6:00 PM (call time for students is 4:00 PM)
 - Saturday, March 22nd 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** (written or online)
 - **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 3:15 PM. Pick up is promptly at 5:45 PM. Childcare will not be provided past 5:45pm. If there are more than three late pickups, students will be removed from the program.
- Anyone currently in grades K – 12th during the 2024-2025 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: _____



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COVID-19 Policy

Our COVID-19 policy exists to protect our students, staff, and organization. All students must adhere to the following protocols:

1. Students who test positive for COVID-19 must inform Haven staff as soon as possible to report, and must adhere to quarantine and return-to-rehearsal procedures.
2. Students who test positive for and exhibit symptoms of COVID-19 may not be able to attend in-person instruction or performances.
3. Haven Academy of the Arts' is obligated to report any known cases of COVID-19 to other program participants, staff, or 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.
4. **ASSUMPTION OF RISK:** Haven Academy of the Arts cannot prevent anyone from becoming exposed to, contracting, or spreading COVID-19 while participating in its programming. Students accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in Haven Academy of the Arts' in-person programming.

Failure to adhere to the above listed policies may result in excusal from Haven programming without refund.

___ I have read and understood Haven's COVID-19 Policy.

X _____
(Parent Signature)



Registration Form
Haven West Adams Annie 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:

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

***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 Annie 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

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

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 January 7th, 2025 through March 22nd, 2025.

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

Annie 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 Pico Union 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 you 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 your 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 😊