

# **In The Scene: Behind The Scene**

## **Acting & Filmmaking Workshop**

### **Spring 2010 Application**

Spring Break April 5 – April 9

*(Monday-Friday 9am-4pm)*

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

### **For The Student**

1. Is this your first time Acting? Using a Video Camera? If not, tell us about your past experience

2. Briefly describe a Scene from a favorite movie or play:

## For Parent/Guardian

Parent/Legal Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Emergency Contact other than parent: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

### Liability Release (Required for Registration):

(I / We) the undersigned parents or legal guardian of the *Spring Break '09 Filmmaking/Acting Workshop* participant,

\_\_\_\_\_ (participant's name), has my permission to participate in the *Spring Break Workshop*. I understand that I am responsible for any damage to property or persons resulting from my child's actions. I understand that consumption or possession of alcohol or illegal drugs is not permitted. I give permission to call for emergency medical services in the event that I or the emergency contact person cannot be reached an even before contacting me when Spring Break personnel deem it appropriate. I agree that neither Live Arts, Lighthouse, nor any of its personnel shall have any liability for injury to my child during the camp other than injury occasioned by willfully tortious acts or gross negligence.

Signed: \_\_\_\_\_

### Public Relations Release (Optional):

I/ We the undersigned parents or legal guardian of the *Spring Break '09 Filmmaking/Acting Workshop* participant,

\_\_\_\_\_ (participant's name) , do hereby give authorization and permission for Live Arts and Light House to use, in whole or in part, photos, videos, written extractions and voice recordings of my child while he/she was involved in *Spring Break '08 Workshop* for the purpose of illustrations, publications, and media relations.

Parent/ Legal Guardian

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return to: Sam Baker, Light House, 121 E. Water St, Cville VA 22902

**Questions?** Sam 293-6992 or Ronda @ Live Arts 977-4177x100

[sam@lighthousestudio.org](mailto:sam@lighthousestudio.org) or [education@livearts.org](mailto:education@livearts.org).

PLEASE NOTE: Full Payment and registration form are due in order to secure your spot.