



Ford Center for the Performing Arts
Presents

Youth Music Theatre Workshop

Monday-Friday, June 5 - 16, 2023

Registration Deadline: May 2



Group I

Original Musical Revue
9 a.m. - 12 p.m.
Ages 7-11

Group II

Topsy Turvydom
Gilbert & Sullivan pastiche
2 p.m. - 5 p.m.
Ages 12 - 17

Artistic & Stage Director: Julia Aubrey, Director of the Ford Center
Conductor: Dr. Robert Aubrey

This two-week long workshop is focused on the development of performance skills in music theatre and includes exercises in singing, acting, and movement. There will be two sections of the workshop for different age groups. Final performances will take place on June 16.

REGISTRATION: (Please print all information. Use one form per student)

Name: _____ Age: _____ Gender: _____

Parents'/Guardians' Names: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Parent Work or Cell: _____

E-mail Address: _____

WORKSHOP FEE: \$150.00 (must be included with registration form)

No refunds will be given after May 15, 2023.

It is important that your child commits to the entire two weeks.

Please make checks payable to **Ford Center** and return or mail to:

Rose Brown, Gertrude C. Ford Center for the Performing Arts, PO Box 1848, University, MS 38677
You will receive confirmation that your application and check have been accepted.

ACKNOWLEDGE/CONSENT: I agree that the sponsors of the Youth Music Theatre Workshop undertake no responsibility for my child's participation in this program other than the agreed upon curriculum. **I understand that all forms must be completed and returned for registration to be confirmed.**

Parent/Guardian Signature _____

Date _____

If you have any questions concerning the workshop, please contact:
Julia Aubrey at 662-915-6669 or jaubrey@olemiss.edu

*Support for the YMTW provided by Nancye B. Starnes and the
Madison Charitable Foundation Fund (Joc & Leigh Anne Carpenter)*

The Ford Center for the Performing Arts

YOUTH MUSIC THEATRE WORKSHOP

JUNE 5 - 16, 2023

Sponsored by Nancye B. Starnes and The Madison Charitable Foundation Fund

Welcome to the Youth Music Theatre Workshop! For the next two weeks you will participate in exercises designed to teach skills in music, drama, movement, and design culminating in a performance on the final Friday. Session I will perform an original musical revue at 10:30am and Session II will perform the Topsy Turveydom at 3:30pm on June 16. These performances are free and open to the public.

RULES AND GUIDELINES

All students participating in this program are obliged to comply with the rules and guidelines. After you have read the guidelines and rules carefully, please submit the lastpage signed by both the student and one parent/guardian.

CHECK-IN

Daily drop-off is from **8:45am to 9:00am** for Session I or **1:45pm to 2:00pm** for Session II each day at the Ford Center. To ensure each students' safety, an adult must walk the student in to the building and sign the student in each morning.

We strongly encourage students to arrive early so they will not miss out on any scheduled activities. We have a saying in the theatre: "Early is on time; on time is late." Please help ourstudents abide by this rule.

On arrival the first day, YMTW staff will check in students, verify the receipt of all required documents, give each student their name tag and music folder, and direct parents and students to the Main Hall.

ITEMS NEEDED EVERYDAY

Notebook provided by the YMTW, snack (no peanuts), and a refillable water bottle labeled with the student's name. The student is responsible for bringing their notebook to every rehearsal and keeping track of its location at home.

CLOTHING

Your child should wear comfortable, athletic, closed-toe shoes (no Crocs, sandals, or flip flops) and casual outfits that are appropriate for play. Girls should avoid wearing dresses or skirts as many of our activities require them to sit on the floor. Costumes will include the workshop t-shirt (provided) and additional articles depending on the show. You will need to supply your own footwear. Specifics will be discussed later.

ABSENCES

If your child is ill and must miss a day, please let the Director know as soon as possible. After roles are assigned, missing rehearsal affects the entire ensemble. Please avoid scheduling dentist or doctor appointments during the three-hour workshop. You may reach the Director, Julia Aubrey at (662) 816-4969 to discuss absences.

PROGRAM RULES

Students will be expected to follow all rules set by the workshop. As rules and expectations will change based on the activity that the students are engaging in, students will be given clear instructions and expectations before and during each activity.

1. Stay in the auditorium. We have a guard on duty every day to provide security.
2. Learn your music and lines as the numbers are assigned. The final show is memorized. You will also need to rehearse choreography/movements at home each evening.
3. Show your parents/guardians all notes sent by the Director.
4. No visitors, please. Parents/Guardians are welcome at any time to observe the workshop, but we request that no other children or relatives enter the auditorium.
5. Turn off cellphones when you arrive and keep them in a backpack or purse.
6. You will be escorted to the restrooms located in the gallery of the Ford Center by a staff member. Wash your hands with soap and water for at least 20 seconds and use the hand sanitizer located throughout the facility.
7. Cover coughs and sneezes with the inside of your elbow.
8. Collaborate and cooperate. The ensemble's success depends on each of you taking responsibility for your part and working together to make the show the best it can be.
9. Ask questions. We want to make sure you understand what is happening in the development of the show.
10. All students must maintain behavior that does not hinder the experience and safety of themselves or other students. Bullying or hitting will not be tolerated. If a student does not follow the instructions of the Director after a first warning, the parents/guardians will be advised of this behavior and have the opportunity to correct the situation. If the behavior continues, the student will be dismissed from the workshop. In this instance, the fee is non-refundable.

Have fun! This is why we do theatre!

PARKING

You will be issued one parking pass for the June 16 performances. Because the shows occur during the day, university parking rules requires the Ford Center to purchase the passes for parents. If you have other relatives who want to see the children perform, please car pool or have them park on the street. Many of you have faculty or staff permits and will not need a pass. Daily drop off should not incur a parking ticket. Avoid lingering in the circle which is a fire lane.

MEDICATIONS

If your child suffers from an allergy or any other condition, please make sure that they have their medication with them at all times and **make note of this condition on the Medical and Liability Release Form**. Please note that YMTW staff cannot administer any medicine, even over-the-counter medicine, to students during the 3-hour workshop, except in the case of an emergency.

SUPERVISION OF MINORS TRAINING

All YMTW staff members who have direct supervision of your student have completed training in "Supervision of Minors" in compliance with the University of Mississippi guidelines. Each will also be subject to a background check every three years.

YMTW EMERGENCY PHONE NUMBER

In case of an emergency, please contact the Director, Julia Aubrey at (662) 816-4969.

The Ford Center for the Performing Arts

YOUTH MUSIC THEATRE WORKSHOP

RULES AND GUIDELINES ACKNOWLEDGEMENT AND AGREEMENT

Please sign below and return to the Director of the Youth Music Theatre Workshop. Keep pages 1-2 for your records.

By signing below, you are stating:

- I have read and understand the guidelines and rules that apply to the Youth Music Theatre Workshop.
- I agree to these rules and guidelines, and accept the consequences of my student violating them.
- I understand that the workshop will communicate daily and weekly regarding needs, behavior, and details about clothing, props, etc. as we develop these shows. You may reach out to the Director at any time with questions or concerns.

Student Signature

As the Parent/Guardian, I also agree to the rules and guidelines of the Ford Center's Youth Music Theatre Work at the University of Mississippi and consent to the following:

Parent/Guardian Signature

Date

CHECK-OUT

Daily check-out is between 12:00pm to 12:15pm for Session I and 5:00pm to 5:15pm for Session II. To ensure each students' safety, an adult must come to the Main Hall and check in with the staff before escorting the student from the Ford Center. Please list individuals who are approved to pick them up.

Child's Name

Parent/Guardian

T-SHIRT

We need to order the YMTW T-shirts as soon as possible to get them in time for the dress rehearsals and performance. They need to fit well (i.e. not too big or loose) to serve as part of their character's costume. There is no charge for the t-shirt.

Child's Name

Size (see below)

SIZES: Youth Small (6 - 8)

Youth Medium (10 - 12)

Youth Large (14 - 16)

Adult S

Adult M

Adult L

Adult XL

Do you give permission for your child to be photographed, recorded or videotaped for instructional purposes? This will not be for publicity, but would include a DVD of the production and possible newspaper photo.

_____ YES _____ NO



SUMMER MEDICAL FORM

Form 1A - Treatment Consent and Liability Release

REQUIRED DOCUMENTS

Summer Medical Forms
 Agreement and Waiver Forms
 Insurance Card (*front and back copy*)

STUDENT INFORMATION		
Student's Name (<i>First / Middle / Last</i>)	Date of Birth (<i>mm/dd/yyyy</i>)	Gender
PARENT/LEGAL GUARDIAN INFORMATION		
Custodial Parent/Legal Guardian's Name	Cell Phone	Alternate Phone
Home Address, City, State, Zip Code	Email	
EMERGENCY CONTACT		
Emergency Contact's Name (<i>must be different than above</i>)	Relationship to Student	Preferred Phone
STUDENT'S MEDICAL INSURANCE		
<input type="checkbox"/> This student is covered by Medical Insurance <input type="checkbox"/> This student is NOT covered by Medical Insurance (COMPLETE Waiver of Health Insurance form)		
Insurance Company	Phone #	Group or Policy #
Member or Policy Holder's Name	Member ID #	
If the student is covered by Medicaid, when does the current policy expire? (<i>mm/dd/yyyy</i>)		
STUDENT'S ALLERGIES AND DIETARY RESTRICTIONS	STUDENT'S MEDICAL CONDITIONS AND PHYSICAL ACTIVITY RESTRICTIONS	STUDENT'S MEDICATIONS
<input type="checkbox"/> No Known Allergies – No Dietary Restrictions <input type="checkbox"/> This student has Allergies and/or Dietary Restrictions (Complete Form 1B)	<input type="checkbox"/> This student is NOT being treated for a medical condition and/or does not have a physical activity restriction <input type="checkbox"/> This student is being treated for a medical condition(s) and/or has physical activity restrictions (Complete Form 1B)	<input type="checkbox"/> This student takes NO Medication on a routine basis <input type="checkbox"/> This student takes Medication(s) (Complete Form 1B)
CONSENT, WAIVER AND RELEASE OF LIABILITY		
<p>I consent to participate in the above Ole Miss Summer Camp, Conference, or Program, identified above ("Summer Program"). I understand and acknowledge there are inherent risks in participating in the Summer Program that can result in losses, damages, injury or death. These risks may include, but are not limited to, bruises, cuts, transmitted illnesses or diseases, strains, sprains, neck/spinal injuries, broken bones, cardiovascular injuries, dehydration, sunburn, concussions or other bodily injuries. I knowingly and voluntarily assume any and all risks associated with in the Summer Program, wherever such participation may occur, including Participant's transit to and/or from the Summer Program.</p> <p>In consideration my participation in the Summer Program, I knowingly, voluntarily and forever waive, release and discharge Ole Miss from all present and future claims of any type for any harm or loss, including property damage, personal injury, illness or death, that either I may incur. I agree to indemnify, hold harmless and covenant not to sue Ole Miss for any claims, damages, personal injury, illness, death, medical expenses, disability, lost wages, loss of capacity, property damage, court costs, attorney's fees or any other losses or claims of any kind arising out of my involvement with or participation in the Summer Program.</p> <p>I acknowledge and agree that it is my sole responsibility to consult with a physician or health care provider regarding participation before I engage in any Summer Program activity. I represent and warrant that I am physically and/or mentally able to participate in the Summer Program and no physician or other health care provider has advised me otherwise. I am not are aware of any health condition or impairment that would prohibit or otherwise limit my participation. In the event of an illness or injury, I hereby authorize Ole Miss to either administer or secure any and all medical treatment necessary or appropriate and to arrange transportation for such treatment, if necessary. I understand and agree that I am financially responsible for all medical or other expenses incurred because an illness or injury. I agree to indemnify and hold harmless Ole Miss for any fees imposed by any physician, hospital, ambulance service or other health care provider. I also agree to release, hold harmless, and forever covenant not to sue Ole Miss for any injury arising out of any medical treatment or the administration of medication that I receive.</p> <p>I HAVE READ AND UNDERSTAND THIS DOCUMENT AND ACKNOWLEDGE THAT IT LIMITS OR EXTINGUISHES CERTAIN LEGAL RIGHTS THAT I MAY HAVE AGAINST OLE MISS. I UNDERSTAND AND AGREE THAT THIS CONSENT, WAIVER, AND RELEASE OF LIABILITY IS BINDING UPON ME, AND MY RESPECTIVE FAMILY MEMBERS, HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS, AND ANY OTHER PERSON WHO PURPORTS TO ACT ON OUR BEHALF.</p>		
Parent or Legal Guardian's Name (Please Print): _____		
Parent or Legal Guardian's Signature: _____ Date: _____		

Please return or mail completed forms, Attention: YMTW
 Gertrude C. Ford Center for the Performing Arts • P.O. Box 1848 • University, MS 38677

Continued on next page →



SUMMER MEDICAL FORM

Form 1B – Allergies, Restrictions, and Medications

Complete this form **ONLY** if student has allergies, dietary restrictions, medical conditions, physical restrictions, and/or takes medications

STUDENT INFORMATION			
Student's Name (First / Middle / Last)		Date of Birth (mm/dd/yyyy)	
Home Address, City, State, Zip Code		Telephone	
STUDENT'S ALLERGIES			
To Foods (list):		Reaction:	
To Medications (list):		Reaction:	
To the Environment/Other (i.e. insect stings, hay fever, etc. – list)		Reaction:	
STUDENT'S DIETARY RESTRICTIONS			
Does your student have a dietary restriction?	<input type="checkbox"/> No <input type="checkbox"/> Yes (list)		
STUDENT'S MEDICAL CONDITIONS AND PHYSICAL RESTRICTIONS			
Medical Conditions (list):		Physical Restrictions (list):	
STUDENT'S MEDICATIONS			
Medication Name and Strength	Dosage	Time(s) Taken Each Day	Reason(s) for Taking
PARENT AUTHORIZATION FOR MEDICATION			
<p>I, the custodial parent/guardian of the listed child, give permission for the participant to take the above listed medication(s) as directed on the packaging. I also understand that the Ford Center for the Performing Arts, its staff, or other representatives cannot administer any medication to participants (including over the counter medication such as Tylenol or Advil). Participants should be able to self-medicate, or parents should make arrangements in the Oxford area. Additionally, our office will not assume responsibility for holding medications.</p>			
Parent or Legal Guardian's Signature: _____		Date: _____	



SUMMER MEDICAL FORM

Waiver of Health Insurance

COMPLETE ONLY IF STUDENT / FAMILY WITHOUT HEALTH INSURANCE

This form is for families that do not currently have health insurance on a student participating in a summer camp or program at the University of Mississippi. This form waives the health insurance requirement for the student and releases the University of Mississippi of financial responsibility in case medical treatment costs are incurred on behalf of the student.

STUDENT INFORMATION		
Student's Name (<i>First / Middle / Last</i>)	Date of Birth (<i>mm/dd/yyyy</i>)	Gender
PARENT/LEGAL GUARDIAN INFORMATION		
Custodial Parent/Legal Guardian's Name	Home Phone	Cell Phone
WAIVER OF HEALTH INSURANCE		
<p>I, the custodial parent/guardian of the listed child, acknowledge that I am fully responsible for all costs incurred in the event that my child requires medical attention. I understand the Ford Center for the Performing Arts at the University of Mississippi will take the necessary steps to ensure that my child receives necessary medical care. I hereby hold the Office of Ford Center for the Performing Arts, the University of Mississippi, and its representatives harmless in the exercise of this authority.</p>		
Parent or Legal Guardian's Signature _____ Date _____		