



Ford Center for the Performing Arts  
Presents

# Youth Music Theatre Workshop



## Session 1 (Ages 7-11)

May 27 – May 31  
8:30 a.m. - 12 p.m.

### Registration Deadline: May 1

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

This one-week long workshop is focused on the development of performance skills in music theatre and includes exercises in singing, acting, and movement. **The performance will take place on May 31 at 12:00 p.m.** A musical revue with set, costumes, and props is planned and is free and open to the public.

### 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: \_\_\_\_\_

T-Shirt Size\* (circle one): Youth S M L Adult S M L XL

*\*Shirts need to fit well (i.e. not too big or loose) to serve as part of their character's costume.*

### WORKSHOP FEE: \$80.00

Payment can be made by cash, check or credit card (in person or by phone – Rose Brown, 662-915-1652)

**No refunds will be given after May 1, 2025.**

**It is important that your child commits to attend the entire week.**

*You will receive confirmation that your application and payment has 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*

Partial scholarships are available through the Mary Lewis Poole Fund.  
Request an application from Kate Meacham, [kmeacham@olemiss.edu](mailto:kmeacham@olemiss.edu).

## The Ford Center for the Performing Arts

### 2024 YOUTH MUSIC THEATRE WORKSHOP

#### Session 1

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

**Welcome to the Youth Music Theatre Workshop!** During the workshop you will participate in exercises designed to teach skills in music, drama, movement, and design culminating in a performance on the final day. The performance is 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 **8:00am to 8:30am** each day at the Ford Center. To ensure each students' safety, an adult must walk the student into 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 with advance notice, 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 and store in trays.
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!**

## 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 3.5-hour workshop, except in the case of an emergency.

## PROTECTION 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

### 2025 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.
- I understand the workshop notebook will need to be returned on the day of the last performance.

As the Parent/Guardian, I 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. 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

#### PHOTO PERMISSION

Do you give permission for your child to be photographed, recorded or videotaped for instructional purposes or use on the Ford Center website? This includes a DVD of the production and possible newspaper photo.

\_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**



Pre-College Programs

# PROGRAM MEDICAL FORM

## Form 1A - Treatment Consent and Liability Release

### REQUIRED DOCUMENTS

- Program Medical Forms     Parent/Guardian License or state-issued ID     Insurance Card (front and back copy) or Waiver of Health Insurance Form

#### STUDENT INFORMATION

Student's Name (First / Middle / Last)	Date of Birth (mm/dd/yyyy)	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 (must be different than above)	Relationship to Student	Preferred Phone
---	-------------------------	-----------------

#### STUDENT'S MEDICAL INSURANCE

This student is covered by Medical Insurance     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? (mm/dd/yyyy)		

#### STUDENT'S ALLERGIES AND DIETARY RESTRICTIONS

- No Known Allergies – No Dietary Restrictions  
 This student has Allergies and/or Dietary Restrictions (Complete Form 1B)

#### STUDENT'S MEDICAL CONDITIONS AND PHYSICAL ACTIVITY RESTRICTIONS

- This student is NOT being treated for a medical condition and/or does not have a physical activity restriction  
 This student is being treated for a medical condition(s) and/or has physical activity restrictions (Complete Form 1B)

#### STUDENT'S MEDICATIONS

- This student takes NO Medication on a routine basis  
 This student takes Medication(s) (Complete Form 1B)

#### CONSENT, WAIVER AND RELEASE OF LIABILITY

I consent for my child to participate in the above University of Mississippi Summer Camp, Conference, or Program, identified above ("Program"). I understand and acknowledge there are inherent risks in participating in the Program, including recreational activities such as swimming, that can result in losses, damages, injury or death. These risks may include, but are not limited to, bruises, cuts, transmitted illnesses or diseases, drowning, strains, sprains, neck/spinal injuries, broken bones, cardiovascular injuries, dehydration, sunburn, concussions or other bodily injuries. I knowingly and voluntarily assume, on behalf of my child, any and all risks associated with the Program and related recreational activities, wherever such participation may occur, including my child's transit to and/or from the Program.

In consideration of my child's participation in the Program, both I and my child knowingly, voluntarily, and forever waive, release, and discharge the University of Mississippi from all present and future claims of any type for any harm or loss, including property damage, personal injury, illness or death, that my child may incur. I agree on behalf of myself and my child to indemnify, hold harmless and covenant not to sue the University of Mississippi 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 Program.

I acknowledge and agree that it is my sole responsibility to consult with a physician or health care provider regarding participation before my child engages in any Program activity. I represent that my child is physically and/or mentally able to participate in the Program and no physician or other health care provider has advised me otherwise. I am not aware of any health condition or impairment that would prohibit or otherwise limit my child's participation. In the event of an illness or injury to my child, I hereby authorize the University of Mississippi 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 of an illness or injury. I agree to indemnify and hold harmless the University of Mississippi for any fees imposed by any physician, hospital, ambulance service or other health care provider. I also agree on behalf of myself and my child to release, hold harmless, and forever covenant not to sue the University of Mississippi for any injury arising out of any medical treatment or the administration of medication that my child receives.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND ACKNOWLEDGE THAT IT LIMITS OR EXTINGUISHES CERTAIN LEGAL RIGHTS THAT I AND MY CHILD MAY HAVE AGAINST THE UNIVERSITY OF MISSISSIPPI. I UNDERSTAND AND AGREE THAT THIS CONSENT, WAIVER, AND RELEASE OF LIABILITY IS BINDING UPON ME AND MY RESPECTIVE FAMILY MEMBERS, HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNEES, AND ANY OTHER PERSON WHO PURPORTS TO ACT ON OUR BEHALF.

Parent or Legal Guardian's Name (Please Print): \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email completed form to [rbrown2@olemiss.edu](mailto:rbrown2@olemiss.edu) or mail to:  
 Ford Center for the Performing Arts • P.O. Box 1848 • University, MS 38677

Continued on next page →



Pre-College Programs

# PROGRAM 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	Frequency	Reason(s) for Taking

PARENT AUTHORIZATION TO HOLD 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 Office of Pre-College Programs, its staff, or other representatives cannot administer any medication to participants (including over the counter medication such as Tylenol or Advil). I understand my child should be able to self-medicate, or I, the parent, should make arrangements in the Oxford area. I also understand the Office of Pre-College Programs is required to securely hold all prescription medications and will make their medications available on the specified schedule while my child is a participant in the Program.</p>	
Parent or Legal Guardian's Signature: _____	Date: _____

Please email completed form to [rbrown2@olemiss.edu](mailto:rbrown2@olemiss.edu) or mail to:  
Ford Center for the Performing Arts • P.O. Box 1848 • University, MS 38677

Continued on next page →



Pre-College Programs

# PROGRAM 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, conference, event, 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 (First / Middle / Last)	Date of Birth (mm/dd/yyyy)	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 Office of Pre-College Programs 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 Pre-College Programs, the University of Mississippi, and its representatives harmless in the exercise of this authority.</p> <p>Parent or Legal Guardian's Signature _____ Date _____</p>		