



2019-2020 YEAR LONG THEATRE AND MUSIC PRE-PROFESSIONAL
COMMITMENT FORM
PLEASE RETURN THIS FORM TO YOUR INSTRUCTOR NO LATER THAN NOVEMBER 30, 2019



Name of Student:

Age:

Student Home Address:

Student Home Telephone Number:

Name of Parent/s and or Guardian/s:

Work or Cell Number:

Email Address/s:

School:

Grade:

Name of person who needs to know you will be missing school:

Email of person who needs to know you will be missing school:

Name of Emergency contact if you cannot be reached:

Relationship to Student:

Emergency Contact Email Address:

Emergency Contact Phone Number:

Are there any health concerns that should be brought to our attention? Allergies?

Yes

No



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AGREEMENT:

Parent Statement:

As a parent/guardian of a student selected to participate in the Arts Umbrella Year-Long Theatre Pre-Professional Program, I have read and understood the information regarding the program and want my child to be involved in this opportunity.

I understand that my child must attend all scheduled classes, rehearsals and performances. My child and I will make this commitment a priority, and are willing and able to do so.

I understand that student absences are difficult for the class, and the instructor, so I will give my child's instructor as much advanced notice as possible when my child will be absent from class.

I also understand that Arts Umbrella reserves the right to film and photograph the classes and use the footage to publicize the program.

Student's Statement:

I understand that by joining the Arts Umbrella Year-Long Theatre Pre-Professional Program I am expected to be on time and prepared for all classes, rehearsals, and performances.

I promise to be committed not only to the class but to the work.

I will be respectful of my fellow class members as well as the training and rehearsal process.

I understand that student absences are difficult for the class, and the instructor, so I will give my instructor as much advanced notice as possible when I will be absent from class.

I understand the importance of being a positive and contributing member of the ensemble.

Name of Parent(s) or Guardian (*please print*):

Signature of Parent or Guardian:

Date:

Signature of Student:

Date:

Arts Umbrella Copy

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