

# Peconic Ballet Theatre: Sleeping Beauty

## Spring 2017 Registration Form

To register your child for *Sleeping Beauty* at WHBPAC, please mail this completed form with full tuition (please make checks payable to WHBPAC or give credit card information at the bottom of this form) to:

Westhampton Beach Performing Arts Center  
76 Main Street

Westhampton Beach, NY 11978

Attn: Marissa Russo

If you are paying by credit card, you may fax this form to 631.288.7898.

### Registration is on a first-come, first-served basis.

All participants must submit this form with full tuition, unless a payment plan has been agreed upon. If you are establishing a payment plan, **your child's spot in the program will not be confirmed until the signed Payment Plan Agreement form is returned.**

For more information call Marissa at 631.288.2350 at ext. 112.

After registration is complete, a confirmation letter and program information will be mailed. **After a child's participation is confirmed, all fees are non-refundable. Casting is done completely at the Artistic Director's discretion and all decisions are final and not to be discussed. WHBPAC reserves the right to dismiss** any participant whose **behavior or attendance** is deemed unacceptable. No refunds will be given for dismissal due to unacceptable behavior or attendance.

### Program Schedule

Weekly classes are scheduled based on age, experience, and audition, where appropriate. Casting is done completely at the artistic director's discretion. Please fill out both pages of this form completely for appropriate casting. The program runs from February 28-May 13. Generally, students under 12 years of age will rehearse on Tuesdays, times TBD. Students ages 12 and up, will rehearse on Wednesdays, times TBD. All participants will take part in Tech and Dress rehearsals the week of May 9-12, exact times TBD. Performances are on May 13 at 2pm & 7pm.

### MANDATORY Placement Auditions for ages 7 - 17

Ages 7 -9: Sunday, February 12, 12pm-1pm

Ages 10-12: Sunday, February 12, 1:15pm-2:15pm

Ages 13 & up: Sunday, February 12, 2:30pm-3:30pm

### Student's Information

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

### All participants must be 5-17 years of age

Age (at time of program): \_\_\_\_\_

Grade: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

### Parents'/Guardians' Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

### Tuition

February 28-May 13

10 years and under \_\_\_\_\_ \$400

11 years and over \_\_\_\_\_ \$425

I understand that after my child's participation is confirmed, all fees are nonrefundable and all casting decisions are final and at the discretion of the Artistic Director.

Method of Payment:

Check  Credit Card (MasterCard, Visa, or American Express)

Acct. No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature

of Cardholder: \_\_\_\_\_

(Exactly as it appears on card)

Please turn over to complete student information.

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Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Please check the statement(s) that apply:

- I **have not had** any formal dance training
  - I have had formal dance training for \_\_\_\_\_ years.
  - Pre-Ballet/Ballet for \_\_\_\_\_ years
  - Ballet for \_\_\_\_\_ years
  - Pointe for \_\_\_\_\_ years
  - Jazz for \_\_\_\_\_ years
  - Hip-Hop for \_\_\_\_\_ years
  - Tap for \_\_\_\_\_ years
  - Modern for \_\_\_\_\_ years
  - Other (e.g. gymnastics, break dancing, Etc.) for \_\_\_\_\_ years
- Please specify: \_\_\_\_\_

- Participated in competitions for \_\_\_\_\_ years
  - Danced in recitals for \_\_\_\_\_ years
  - Danced in "Nutcracker" performances for \_\_\_\_\_ years.
- Please list "Nutcracker" roles, if any:  
\_\_\_\_\_

- Participated in Peconic Ballet Theatre summer ballets for \_\_\_\_\_ years
- Please list the student's role and the ballet(s) he/she participated in:  
\_\_\_\_\_  
\_\_\_\_\_

Do you attend a dance studio throughout the year?  
 Yes       No

Name of studio, if applicable: \_\_\_\_\_

Dance technique(s) you are currently studying (e.g. ballet, jazz, tap, pointe, Etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of other dance school(s) at which you have studied, if any:  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any prior injuries?  
 Yes       No

If yes, please indicate where the injury was, if it was dance related, and if it is currently painful when you dance:  
 \_\_\_\_\_  
 \_\_\_\_\_

### Costume Information (REQUIRED)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Leotard Size (please circle)

Child:      4-6/Small      6-8/Intermediate  
                  8-10/Medium      12-14/Large

Adult:      S      M      L      XL

Ballet Skirt Size (please circle)

Child:      XS      S      M      L  
 Adult:      XS      S      M      L      XL

Most recent recital costume size, if any: \_\_\_\_\_

Estimated clothing size as of May 2017: \_\_\_\_\_

### Questions?

Contact Marissa Russo at 631.288.2350, ext. 112 or by e-mail at marissar@whbpac.org.



Nancy & Frederick DeMatteis  
Arts  
Academy

WESTHAMPTON BEACH PERFORMING ARTS CENTER

## STUDENT CONDUCT CONTRACT

**Students and Parents: Please read carefully and initial each statement.**

1. I understand that my conduct must show respect for the directors, the accompanist, technical staff, Westhampton Beach Performing Arts Center (WHBPAC) staff and my fellow actors.  
PARENT/GUARDIAN \_\_\_\_\_ STUDENT ACTOR \_\_\_\_\_
2. I promise to rehearse diligently, learn all required lines, songs and dances and perform to the best of my ability regardless of the size of the part that I am assigned.  
PARENT/GUARDIAN \_\_\_\_\_ STUDENT ACTOR \_\_\_\_\_
4. I understand that I may not leave the area in which I am working without the permission of the person in charge.  
PARENT/GUARDIAN \_\_\_\_\_ STUDENT ACTOR \_\_\_\_\_
5. I understand that there are staff members working in offices at The Westhampton Beach Performing Arts Center during the course of this program and I promise not to disturb them with loud noise in the halls or while moving from one activity to another in the building.  
PARENT/GUARDIAN \_\_\_\_\_ STUDENT ACTOR \_\_\_\_\_
6. I promise to be responsible for my belongings and respect the belongings of others. I promise to leave class and rehearsal areas clean, neat and to dispose of all trash properly. In addition, I promise not to harm or destroy the building or property of The Westhampton Beach Performing Arts Center. I understand if I break this promise, my parents will be liable for the payment of damages and I may be dismissed from the program with no refund of tuition.  
PARENT/GUARDIAN \_\_\_\_\_ STUDENT ACTOR \_\_\_\_\_
7. I understand that The Westhampton Beach Performing Arts Center is a professional theatre and during the course of the program and production, I promise to learn and abide by the rules of theatre for conduct on stage and backstage.  
PARENT/GUARDIAN \_\_\_\_\_ STUDENT ACTOR \_\_\_\_\_

I have read, understood and initialed the above conduct contract and I agree to follow it while participating in camp at WHBPAC. Infractions will be dealt with accordingly, up to and including dismissal from the program with no refund of tuition.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Parent or Guardians Signature: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

76 Main Street, Westhampton Beach, NY 11978 ♦ (631)288-2350 Fax (631)288-7898

[www.whbpac.org](http://www.whbpac.org)



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## Medical Form and Photography Release

### **MEDICAL INFORMATION**

**Name of Child:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

**Local Phone :** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

Please list any injuries, physical, and emotional challenges, vision or hearing difficulties, allergies, chronic health conditions such as asthma and epilepsy, learning disabilities and any other information that would help the teaching artists serve your child to the best advantage. All children will be accepted into the program regardless of special needs.

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

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### **PHOTO RELEASE**

I give my permission for the above mentioned minor \_\_\_\_\_ (name of minor) to be filmed/photographed while participating in the Arts Academy at Westhampton Beach Performing Arts Center.

I understand that these films or photographs will be used by Westhampton Beach Performing Arts Center for educational and promotional purposes and that I am not entitled to compensation.

The undersigned parent/guardian hereby holds Westhampton Beach Performing Arts Center, Inc. harmless from any bodily injuries sustained while on the premises of the Westhampton Beach Performing Arts Center. It is also understood that the above-named corporations will not be held responsible for the loss or damage of any personal articles during participation in this class.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian



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WESTHAMPTON BEACH PERFORMING ARTS CENTER

## Pick-Up Information Sheet

**PICK-UP POLICY:** Upon entering and exiting the theatre each day, each child will be checked in and out by our staff. **Parents/guardians more than 15 minutes late for pickup will be charged a \$25 late pickup fee.**

Please list all adults who have your permission to pick up your child.

NAME

PHONE #

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I hereby do / do not give my child \_\_\_\_\_ permission to arrive to  
circle one child's name

and depart from class unescorted.

**Please advise the above names of our Pick-Up Policy. This will be strictly enforced.**

**Parent or Guardian Signature:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_



## WHBPAC Arts Academy Attendance Contract

To ensure that all of our young performers are properly prepared to perform, consistent attendance is essential. If your child must miss class/rehearsal, please notify Marissa Russo or Julienne Penza-Boone prior to the start of class/rehearsal. **Please note that any student who misses more than two rehearsals will NOT be able to participate in the culminating performance, and there will be no refund of tuition fees.**

By signing this document, you are agreeing to the terms above and are committed to upholding all of the above.

Parent Signature: \_\_\_\_\_

Please have this signed and returned before the start of class.