

Matilda Summer Workshop Registration

Thank you for your interest in Upstage's Matilda Summer Workshop.

If your child loves theatre, music, dance and performance, our summer workshop is the right choice!

- All sessions will take place at the Reformed Dutch Church, 88 Route 9 H, Claverack, NY. This venue has ample space to comply with applicable social distancing guidelines. Children will be required to wear masks when they are working closely with others or where necessary to comply with social distancing guidelines.*
- Annie Drewello, a music teacher at Windham-Ashland-Jewett Central School District will direct the workshop program. Ms. Drewello will be assisted by various Upstage Productions' veteran performers and directors, along with Broadway industry professionals.*
- The workshop will operate Saturdays 9 AM – Noon from June 26 through August 28, 2021. Lunch and snacks will NOT be provided. Students should feel free to bring their own snacks and beverages for snack breaks.*
- The fee for the workshop is \$250, which also includes a one year family membership to Upstage Productions and general materials needed for the workshop. Enrollment is open to students entering grades 3 through 12 in September, 2021. The workshop is limited to 20 students.*
- Each Saturday session is designed to teach the students general performance techniques, as well as the music and staging from the Broadway show "Matilda, The Musical".*
- Students who successfully complete the program will be cast in Upstage's full scale production of the Tony Award® winning "Matilda, The Musical", which will be performed November 19, 20, & 21, 2021 in Columbia County. The following young characters will be needed: Matilda Wormwood (stage age 7), her brother Michael Wormwood (stage age 10-16), 9 elementary school friends (stage ages 8-12; 4 boys, 5 girls); 9 teenage school friends (stage ages 13-18; 4 boys, 5 girls). To learn more about the show, visit us.matildathemusical.com.*
- Please complete all pages, sign and mail to Matilda Summer Workshop, c/o Christine Abitabile, 9 Cedar Pkwy., Hudson, NY 12534. Be sure to include payment in full; checks are accepted and payable to Upstage Productions, Inc.*
- For more information, email questions to matilda@upstageproductions.org*

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Please complete in its entirety

Student Information

- Student's Name: _____
- Birth Date: _____ Entering Grade (in Sept., 2021) : _____
- Gender: Male Female
- Address: _____

Parent/Guardian Information

- Name: _____
- Home #: _____ Work #: _____ Cell #: _____
- E-mail: _____

Emergency Contact Information

- Emergency Contact's Name: _____
- Relationship: _____ Cell/Business Phone Number: _____
- Alternate Contact & Phone Number: _____
- Does the student have any allergies, chronic illness, or medical conditions? If yes, please describe:

Informed Consent and Acknowledgement

I hereby give my permission for my child _____ to participate in all activities constituting Upstage Productions' Matilda Summer Workshop. I hereby assume all risk and hazards incidental to my child's participation in the workshop, and hereby release, absolve and hold harmless Upstage Productions, Inc. and all its respective officers, agents, instructors, and representatives from any and all liability for injuries to my said child arising out any aspect of participation in the workshop, including but not limited to traveling to, participating in, or returning from selected workshop sessions.

In case of injury to my child, I hereby waive all claims for any purpose whatsoever against Upstage Productions, Inc., including all officers, agents, instructors and affiliates, other participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event.

Parent/Legal Guardian (*please print*): _____

Parent/Legal Guardian Signature: _____

Date: _____

Medical Release and Authorization

As Parent and/or Guardian of the named student, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any necessary medical or minor surgical treatment, x-ray examination and immunizations for the named student, NOT to include COVID immunizations. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to Upstage Productions, Inc. and its affiliates including Directors and Instructors to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the workshop (June 26 – August 28, 2021.)

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Student Name: _____

Parent/Legal Guardian (please print)

Parent/Legal Guardian Signature:

_____ Date: _____