

**AHM SUMMER YOUTH THEATER 2017**  
**CONTRACT SIGNATURE FORM**

Dear Summer Youth Theater Participant,

Thank you for auditioning for this year's AHM Summer Youth Theater musical *SEUSSICAL: THE MUSICAL!* Most roles will be assigned during the first rehearsal at which time all summer theater participants will begin to receive music and acting parts. Please **read the attached contract agreement** and keep it for your records. Sign the form below and return it to AHM Youth Services by June 14, along with the \$200 workshop fee. **\*Your first rehearsal will be TUESDAY JUNE 20TH from 6:00-9:00 PM in the RHAM High School Auditorium.** Thanks for auditioning! I look forward to a great summer with you!

Sincerely,  
Kyle Reynolds, SYT Director  
AHM Summer Youth Theater

**Parents and Guardians:**

Please take the time to read the enclosed contract with your child. We ask that you sign form below to ensure that you have read it and understand the expectations for the summer. We also ask that you complete the registration form on the back. If you know you will be away at any time during the rehearsal period, please indicate the dates in a note, but realize that extended absences are hard to schedule as this is not a camp, but a program geared towards theatrical production. This will allow for better planning. Please contact at AHM offices or send an email to [ahmsyt@ahmyouth.org](mailto:ahmsyt@ahmyouth.org) if you have any questions. Thank you for your support!

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**PLEASE PRINT AND SIGN NEATLY and COMPLETE BOTH SIDES OF THIS FORM (demographic form)**

I have read the enclosed AHM Summer Youth Theater Contract and will abide by all that is contained within it.

STUDENT NAME: \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ PHONE \_\_\_\_\_

STUDENT EMAIL (neatly please)\_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

I understand the conditions of the contract that my child has signed and give my permission and support for his/her participation in the AHM Summer Youth Theater program.

I give permission for pictures, videos and/or audiotape to be published in newspapers, programs, and the AHM Summer Youth Theatre Web-site/Facebook \_\_\_\_\_ YES \_\_\_\_\_ NO

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please return with your \$200\* registration fee by June 14 to:**

AHM Summer Youth Theater  
25 Pendleton Drive  
Hebron, CT 06248  
(860) 228-9488

**\*No child is ever denied based on financial need. Scholarship forms can be obtained by calling AHM.\***  
**\*\*If your child will miss any rehearsals that you are aware of, please send a note with this form.**

We want students to be able to participate and will attempt to be as flexible as possible.

## AHM SUMMER YOUTH THEATER

### REGISTRATION FORM 2017

(Please fill out one registration for *each* child in your household that is participating in this program)

DATE: \_\_\_\_\_

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

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

Town: \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Family Size: \_\_\_\_\_

How did your child find out about AHM Summer Youth Theater: (Check One)  
Parent \_\_\_\_\_ School \_\_\_\_\_ Self \_\_\_\_\_ Newspaper \_\_\_\_\_ Other \_\_\_\_\_

Registration paid: Yes No  
Cash /Check # \_\_\_\_\_

Sex: Male \_\_\_\_\_  
Female \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Age: \_\_\_\_\_

(Grade entering in the fall)

#### PERSON TO NOTIFY IN CASE OF EMERGENCY:

Parent(s) or Guardian(s): \_\_\_\_\_

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

Phone # \_\_\_\_\_

Work # \_\_\_\_\_

E- Mail Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**CIRCLE ADULT TEE SHIRT SIZE - S M L XL**

There is an annual fee of \$200.00 per child to participate in this program. No child is ever denied participation in an AHM program based upon financial conditions. To discuss financial assistance scholarships are available and can be obtained from Mr. Reynolds or at AHM.

**Note:** The questions listed above such as ethnicity are important to our funding partners, who want to make sure that AHM is meeting the needs of a diverse population of residents. Thank you.

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