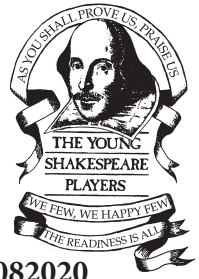


The Young Shakespeare Players (YSP)

YSP: 1806 West Lawn Avenue, Madison, WI 53711; www.youngshakespeareplayers.org or www.ysp.org



Application and Registration Form

Actor's Name _____ Birth Date _____

082020

is applying for admission to the following YSP project or production:

_____ Scheduled to begin (month, year) _____

Address _____ City _____ Zip _____

Parents/Guardians _____ Phone (h) _____ (w) _____

Date of application _____ Actor's Cell Phone _____

Parent's E-mail address that is checked regularly _____

Actor's E-mail address that is checked regularly _____

Last YSP Production _____

T-shirt size (adult) _____

I (we) acknowledge that: 1) YSP is a private, not-for-profit membership association; 2) this is an application for membership in YSP, and that participation, casting and rehearsing and performing in the program are entirely at the discretion of YSP senior Directors and/or Artistic Directors at all times; 3) both actor and parent(s)/guardian(s) agree to all provisions of the separate YSP Rules and Standards Sheet (which is an integral part of this Application); 4) this application is not complete until this sheet and the associated Rules and Standards Sheet are signed, and tuition payments and deposits are made, as specified on the back of this form.

YSP BASIC TUITION FEES (UNCHANGED SINCE 2003)

****NOTE ON TUITION FEES AND DONATIONS**

YSP is a not-for-profit, tax-exempt membership organization. Our tuition fees cover only a modest portion of our costs. YSP is committed to the principle that, if possible, no one should be excluded from participation because of the costs of tuition. Anyone who needs a reduced tuition can select any tuition rate above one-half the basic tuition fee. (Please pay as much within this range as you realistically can!) The unpaid portion of your normal tuition fee is considered a scholarship. If even one-half the basic fee, spread over 4-6 monthly payments, is beyond your means, YSP will try to provide a larger scholarship or a more extended pay period, but this will depend upon the size of the Scholarship Fund that we accumulate.

YSP depends on voluntary contributions to the Scholarship Fund. (These are normally tax deductible to the donor.)

Your donation may be vital in continuing YSP's work. We request that every family that can afford to do so add a tax-deductible contribution of \$50 to \$150 (more, if feasible!) to its tuition payment.

If your family has been impacted by Covid-19, feel free to take a 'scholarship' discount. No explanation needed.

For scholarship information, see reverse side.

Because of the nature of YSP programs, YSP is unable to give refunds on tuition payments after the Introduction to a production has occurred.

- Full-length Shakespeare Play — \$559
- Dickens Play — \$559
- G.B. Shaw Play — \$471
- YSP Veterans'- or Adult-Cast Play — \$559
- Acting Workshop (Shakespeare, etc.) — \$471
- Brief, Focused Workshop — \$242
- DDRS Dramatic Reading — \$242

Rehearsal session times and/or dates our actor cannot attend: _____

(NOTE: The program normally can accommodate ONLY date conflicts written here or approved by the end of the introductory sessions. Attendance is essential. Missing more than a quarter of scheduled and

Please complete this form (2 sides) & YSP Rules & Standards Sheet; have parent(s) & Actor sign where required & include checks.

TUITION PAYMENT

Any family needing to take a scholarship to reduce tuition may do so. (Use section [b], below.) No explanation is required. We strongly encourage each family that can do so to make a tax-deductible contribution of whatever you can afford to YSP.

Current program applied for _____ Scheduled to begin (mo, yr) _____

Please complete Section [a] OR [b] AND Sections [c] AND [d]

[a] Temporary (Pandemic-Time) Tuition

Tuition Amount (See Tuition Fees on reverse side) \$ _____

Single Payment (enclosed for full amount)

Installment Payments # ___ [number of] installments, **all** enclosed. [Please include post-dated checks.]

[b] Paying Reduced (Subsidized) Tuition

Normal Full Tuition Amount (See Tuition Fees on reverse side) \$ _____

LESS proposed Scholarship/Subsidy \$ _____

Net Amount Due \$ _____

Single Payment (enclosed)

Installment Payments # ___ [number of] installments, **all** enclosed. [Please include post-dated checks.]

Statement/explanation for subsidized tuition (**optional!**) _____

[c] Deposit for instructional audio materials (CDs, etc.) - \$20 per actor for each new program

Please destroy our deposit check if we return all CDs, etc., promptly.

Please keep our deposit as a contribution to the YSP Scholarship Fund.

[d] Voluntary tax-deductible donation for the Scholarship Fund (suggested amount: \$50-100, or more)

In order to help YSP in its work, and to help other young people who wish to do this work, but may not be able to afford full tuition, our family is including a voluntary contribution of \$ _____

SPECIAL NOTES: Because of the nature of YSP programs, YSP is unable to give refunds on tuition payments after the Introduction to a production has occurred. YSP does not have sufficient staff to bill or to follow up on receivables. Please include all payments with this registration application — including post-dated checks. YSP will not cash a check before the date specified on the check. Please make all checks payable to YSP, and deliver or send forms and checks to YSP, 1806 West Lawn Avenue, Madison, WI 53711.

Person signing checks (if other than signatory on this form —print): _____

As the parent/guardian of my minor applicant, I have read and approve all provisions of this application:

Signed (parent or Guardian): _____ **Date** _____

NOTE: For this application/registration form to be accepted, it must be completed on both sides and signed by parent or guardian, or actor over 18, and to have all tuition and deposit checks attached. Also, a separate YSP Rules & Standards sheet for this project must be completed and signed by both parent or guardian and actor (of whatever age).

For Registrar's Use Only:

A parent or guardian has: Completed and signed this form; Enclosed all checks (including post-dated ones)

The actor, as well as a parent or guardian has: Completed the associated YSP Rules & Standards Sheet for this project; Been interviewed for this application; if not , why not: _____

Application accepted ; denied Signed (for YSP): _____ Date _____

The Young Shakespeare Players (YSP)

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Rules and Standards Sheet

Actor's Name _____ Birth Date _____

is applying for admission to the following YSP project or production:

_____ Scheduled to begin (month, year) _____

RULES AND STANDARDS FOR YSP ACTORS:

I wish to take part as an actor in this YSP production, and agree to follow the YSP Rules and Standards. Specifically, I agree to:

1. Attend all scheduled rehearsals, dress rehearsals, and assigned performances, except for those for which my absence has been excused in advance by YSP Directors, or those that must be missed because of the actor's illness or other family emergency (in which case a parent or guardian will call the Directors to clear the absence);
2. Attend all scheduled "tech" dress rehearsals and performances;
3. Be helpful to my fellow actors, and follow all directions of my Directors, Intern Directors, and Apprentice Directors;
4. Listen carefully — in a timely manner — to explanation CDs and all other provided instructional audio files, for all my roles, at home or elsewhere, at times other than YSP rehearsal times (and ask Directors if I still do not understand any meaning in the script);
5. Memorize my role(s) according to the schedules provided during the rehearsals or in official YSP notifications;
6. Carefully protect all YSP costume pieces and props that I use;
7. Refrain from using any games, electronic devices, phones, or printed materials (other than the script for this production) during any YSP rehearsal or performance;
8. Conduct myself at all times with appropriate respect for and courtesy toward the YSP Program, fellow participants, directors, volunteers, and any off-site performance hosts;
9. Remain off YSP premises when no adults are present;
10. Refrain from any use, sale, purchase, or discussion of tobacco, alcohol, or any banned substance at any time on YSP premises or during YSP sessions or "breaks," or on the way to or from YSP sessions or "breaks";
11. Refrain from any any "couples behavior" — at any time on YSP premises or during YSP sessions or "breaks," or on the way to or from YSP sessions or "breaks".

I have read (or have had explained to me) and fully understand and agree to all of these YSP Rules and Standards.

Actor's Name (print) _____

Actor's Signature _____

Date _____

112015

NOTE ON PARENT INVOLVEMENT:

YSP's success partly depends on parent involvement and help in completing key tasks — such as concession sales, media publicity, clean-up before or after performances, etc. Parents/guardians will therefore be asked to volunteer to participate in such volunteer areas.

Agreement of Parent/Guardian of YSP Actor

My child (or ward) is applying to act in this YSP production; I, therefore:

1. Agree that my actor will attend all scheduled rehearsals and performances to which he/she is assigned, unless an absence is excused in advance;
2. Acknowledge that YSP is a private membership organization, and that all decisions about participation and casting are at the discretion and purview of the Directors;
3. Agree to encourage my actor to listen to all provided explanations and other instructional audio files at home in a timely manner;
4. Agree to encourage my actor to memorize her/his role(s) according to the schedules provided during the rehearsals or in official YSP notifications;
5. Acknowledge that my actor could be withdrawn from one scheduled performance (or more) if he/she misses too many scheduled rehearsals, or fails to use the instructional materials, or to memorize in a timely manner;
6. Acknowledge that many of the fundamental principles of YSP are set forth in the book, *More Things In Heaven and Earth: What The Young Shakespeare Players Have Taught Us All About Human Potential* (available in the local public library or for purchase through YSP). I agree that I, or another parent or guardian of my actor, will have read that volume through before this production ends;
7. Agree that my actor may be photographed or video-filmed while doing YSP work, and that YSP has my permission to use photos or video of our actor 1) at the YSP Playhouse; 2) on the YSP website or official social media sites; and 3) for the purpose of publicizing the production and/or YSP in general. (If you object to dissemination of such photos/videos, please check here:).
8. Agree to "hold harmless" YSP and all individuals associated with it in relation to any problem, accident, or illness that occurs in relation to any YSP activity. (Please read and sign Waiver and Release on reverse side of this sheet.)
9. Agree to pay all outstanding fees, deposits, "tabs," or other incurred charges in a timely manner, and acknowledge that YSP can make no refunds after this program is introduced and cast.

I have read, fully understand, and agree to all of these provisions.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Date _____

Waiver and Release of Claims:

On behalf of my minor child, and myself, I agree to assume the risk of any injury, damage or loss, regardless of severity, which my child may sustain as a result of participating in activities connected or associated with The Young Shakespeare Players, Inc. I waive and relinquish all claims my child or I may have against The Young Shakespeare Players, Inc., and its officers, agents, volunteers, and employees as a result of participating in The Young Shakespeare Players, Inc., activities.

I acknowledge that The Young Shakespeare Players does not warrant that it will provide any staff members or volunteers with medical training or any other expertise in the treating or care of anyone who has or develops illness, injuries, allergies, or disabilities at any rehearsal, performance, or other YSP event. In the event that my child has or develops medical concerns, I acknowledge and agree that I, as parent or guardian, take complete responsibility for such concerns, and for the health and welfare of my child. This waiver is an acknowledgement that my child's health issues are the responsibility of me and my family, and not that of The Young Shakespeare Players, Inc., or its officers, agents, volunteers, and employees.

I fully release and discharge The Young Shakespeare Players, Inc., and its officers, agents, volunteers, and employees from any and all claims from injuries, damages, or losses which may occur or befall my child during Young Shakespeare Players' activities or "breaks," or travel to or from Young Shakespeare Players activities.

I further agree to indemnify and hold harmless The Young Shakespeare Players, Inc. and its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages and losses sustained by my child or arising out of, connected with, or in any way associated with, the activities of The Young Shakespeare Players, Inc.

I have read and fully understood the above Waiver and Release of Claims.

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____

Date _____