



Saline Area Players

Community Theater for the Entire Family

P.O. Box 334 Saline, MI 48176

A WEEK WITH SHAKESPEARE!

Have fun this summer with a weeklong introduction to Shakespeare, culminating with a performance of a short, fun, adaptive version for kids of Shakespeare's ***MUCH ADO ABOUT NOTHING*** on June 22 for family and friends. In addition to the background on Shakespeare and the play, they will work on: stage presence and posture, voice projection and diction, expression and delivery of lines, basic stage directions, character development, and other aspects that go into making a production. This is being presented by **SALINE AREA PLAYERS** under the direction of **Catherine Rogers**. Participants should wear clothes and shoes that they can move in easily, and bring a light snack and bottle of water.

GRADES: 6th thru 12th (*limited to 20 participants*)

DATE: JUNE 17-22

DAY: M-SAT

TIME: 9am -NOON

WHERE: The 5th Corner (unfortunately **NOT** handicapped accessible-there are stairs)
211 Willis Road, Saline

FEES: \$150 (includes a script* and free performance/reception for friends and family on JUNE 22 at NOON)

Payment must be received by JUNE 3 to be included. Payment information and forms are available on our web site: Salineareaplayers.org

If you have questions contact:

Catherine Rogers: cath.rogers@gmail.com cell: 734-846-7911

Sara Honsowetz: sahonsowetz@gmail.com cell: 734-730-1055

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SALINE AREA PLAYERS: A WEEK OF SHAKESPEARE

PARTICIPANT INFORMATION:

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____

CELL PHONE: _____

GRADE: _____

AGE: _____

MEMBER OF SAP: YES / NO

PARENT CONTACT INFORMATION:

NAME: _____

EMAIL ADDRESS: _____

PHONE: _____

CELL PHONE: _____

Please list any recent theatre experiences participant has had below:

Play	Role	Organization
1.		
2.		
3.		
4.		
5.		
6.		

Medical Information

Name: _____ Birth Date: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Mother/Guardian's Name: _____ Phone: _____ Work/Cell: _____

Father/Guardian's Name: _____ Phone: _____ Work/Cell: _____

If parents can't be reached, please list two other adults that may be contacted:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please list all medical information of which the directors should be aware of while supervising your child (i.e. allergies, epilepsy, asthma, heart condition, etc.). Please include any medication your child carries that we should know about (i.e. inhaler, EpiPen, etc.)

Medical Consent Form

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination, and immunizations for the child named. In the event of serious illness, the need for major surgery or significant accidental injury, I understand that an attempt will be made by the attending physician to contact the parent or guardian in the most expeditious way possible. If said physician is not able to reach a parent or guardian, the treatment for the best interest of the child may be given.

In the event that an emergency arises during rehearsal or performances, an effort will be made to contact the parent as soon as possible.

Participants are NOT insured by Saline Area Players. Parents are responsible for all medical expenses incurred.

I have read, understand, and agree to the above statements: _____

Name of child's health insurance company: _____

Today's Date: _____

Publicity Waiver: 2019

I give my permission for

NAME: _____

to be photographed /videotaped during the Saline Area Players rehearsals and production of "Shakespeare's MUCH ADO ABOUT NOTHING for Kids" (*Brendon P. Kelso, *Playing with Plays* www.PlayingWithPlays.com. All rights reserved.) during A WEEK OF SHAKESPEARE and to have these pictures used for publicity purposes including in newspapers, print and online media, the Saline Area Players website, the Saline Cable Channel and You Tube/Facebook/Flickr.

Signature (parent/guardian if under 18)

Date: _____