



Being present at every class will benefit your child and build their personal confidence for life. Please have your child bring water to class. No other beverages are allowed and no food is permitted.

**About The Instructor:** Sharon Roberts is a theater director, actor, educator and vocalist. She has directed over 50 plays and musicals in the Antelope Valley and San Fernando Valley. Her most recent directorial at Lancaster Performing Arts, this past December 2024, “It’s A Wonderful Life: A Live 1940 Radio Play” and last years’ the hilarious musical “Something Rotten” 2023. She has also directed numerous productions in the schools and after school programs. She recently directed “Aladdin Jr. Musical” for the Cedar Street Theatre’s Summer Camp at the Antelope Valley College and has also directed at the Palmdale Playhouse in Palmdale, “Annie Get Your Gun.” Sharon is also an actor with her most recent roll as Mae Peterson in “Bye Bye Birdie.” She is on the Board of Directors with Cedar Street Theatre in Lancaster and also a 24 year member of our local Acton Agua Dulce Arts Council. She is a retired performing arts teacher teaching in all of the districts schools for many years K-12, Professional Acting, Play Productions & Music . She is a strong advocate for the Performing Arts and is so excited to open up the world of theater to the young people in our community.

The cost for this 6 week workshop is \$75.00. Bring Workshop Fee first day of class. Venmo/Zelle/Cash/Check available. Payable to Acton Agua Dulce Arts Council.

In Case of Emergency: CONTACT: \_\_\_\_\_

Phone Number \_\_\_\_\_

Please fill out the Emergency Form and The Photography/Video Form and return with registration.

I understand my child will be taking part in a 6-week Acting workshop and agree to all rules and guidelines.

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

\_\_\_\_\_  
Date



## Rules and Guidelines

1. To be respectful, polite and supportive of each other during class.
2. No hitting, pushing, teasing or name calling.
3. No running or rough-housing
4. Respect personal space.
5. Respect other peoples opinions an ideas.
6. Expectations for each student: Do your best.
7. To be on time when arriving (4pm) for class and when class finished.(6pm)
8. Students will be expected to memorize certain materials given.
9. Active participation is encouraged.
10. The class requires teamwork from each member.
11. Each student will agree to attend the final culmination presentation on Thursday, May 29th at 6:30pm
7. All students will be respectful of the facility and its' contents.
8. Safety first. No student is allowed to leave the building without an approved adult.
9. Adult supervision at all times during class.
10. Parent/Guardian will be notified in case of emergency, child not feeling well or injured.
11. It is important for students to pay attention and follow directions.
12. Each student will help during clean-up to maintain a clean space.
13. No cell phones will be out during class, unless case of an emergency.
14. Water is allowed during class. No gum, food or other beverages are not permitted.
15. All students are encouraged to ask for help, if they are struggling during class.
16. Consequences and Discipline - Verbal warnings for minor infractions  
Time-outs as a way for a child to calm down and reflect. Parents/Guardian will be notified  
If behavior does not improve and will work together to find a solution.
17. Communication is important between instructor, students and parent/guardians.
18. Positive reinforcement and encouragement during class.
19. The instructor will create a fun, safe an engaging environment, where students can feel comfortable an excited to participate.
20. The instructor will always acknowledge and celebrate achievements of the children to build confidence and motivation.

*Sharon Roberts*

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Student

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

\_\_\_\_\_  
Date



## Photography/Video Consent and Release Form

Without expectation of compensation or other remuneration, now or in the future, I \_\_\_\_\_ hereby give my consent to the Acton Agua Dulce Arts Council, also known as TAADA/Acton Agua Dulce Association, its' affiliates and agents, to use my image and likeness and/or any interview statements from me in its publications, advertising or other media activities (including the Internet). This consent includes, but is not limited to:

(a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;

(b) Permission to use my name; and

(c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/ or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media, social media (including the Internet), in theatrical media and/ or in mailings for educational and awareness purposes.

This consent is given in perpetuity, and does not require prior approval by me.

Name: \_\_\_\_\_ (please print)

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

Date: \_\_\_\_\_



**Emergency Contact Form**

Name:

\_\_\_\_\_

Last

First

Age \_\_\_\_\_

Gender \_\_\_\_\_

Birth date \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION:**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

E- Mail \_\_\_\_\_ Cell \_\_\_\_\_

Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**IF PARENT/GUARDIAN CAN NOT BE REACHED, PLEASE CALL:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone & E-mail. \_\_\_\_\_

**MEDICAL EMERGENCY INFORMATION:**

Physician's Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_ Insurance Provider: \_\_\_\_\_

Policy Number \_\_\_\_\_ Allergies (please be specific) \_\_\_\_\_

List any health conditions or special concerns:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



## Release and Hold Harmless Agreement

I, \_\_\_\_\_, understand that my participation and/or involvement in any theatrical workshop with Acting Stars carries with it the potential for certain risks, some of which may not be reasonably foreseeable.

I further acknowledge that these risks could cause me, or others around me, harm, including, but not limited to, bodily injury, damage to property, emotional distress, or death.

I am a willing participant in the Acting Stars Workshop organized by the Acton Agua Dulce Arts Council (AADAC) (TAADAA)

By signing this agreement, I agree to release, indemnify, and hold harmless Acting Stars and The Acton Agua Dulce Arts Council, as well as all of its' officers, directors, instructors and representatives, organizers, sponsors, supervisors, volunteers and members from any and all claims, causes of actions, losses, and liability arising from or in any way connected to my participation in this theatrical production.

If participant is under 18 years of age, this release must be signed by a parent or guardian.

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature