



## CREATIVE ARTS REGISTRATION FORM

The Creative Arts Program is *FREE* and open to all Members. *Non-members are free to join the Greenwich Youth Center and participate.* **Space is limited for each session and is on a first come, first served basis.**

Each session will have a *maximum of 15 available spots*. Once the spots have been filled, prospective participants will be placed on a waiting list until/if an opening becomes available.

Members can sign up for *one session at a time*. **A registration form must be filled out for each session.** Details of when registration will begin for each session will be posted on our website, through our Facebook page and through flyers.

The **CREATIVE ARTS PROGRAM** is for participants with no experience and those with lots of experience. The workshops and special activities are designed to develop and enhance skills that will be demonstrated at the end of the Session. The **FINALE EVENT** will be open to the public and is a fundraiser to support the program. All are welcomed to support our youth as they demonstrate what they have learned.

**CREATIVE ARTS Program – Session I MUSIC ARTS / Session II THEATER ARTS  
MUSIC ARTS WILL FOCUS ON VARIOUS MUSICAL ELEMENTS AND COMBINE SOME  
THEMATIC ELEMENTS TO CREATE A FINALE EVENT**

Participation in any Creative Arts Session is a *commitment* to see it through to the end. The expectation is that every participant will endeavor to make every effort to attend the workshops and activities and rehearsals. During each Session, participants meet once a week for the first half of the program and then up to two (2) times the second half (This is to provide extra rehearsal times and to accommodate busy schedules). Please call the GYC if you are going to be late or are unable to attend that evening’s workshop. Arrival at least five minutes prior to the start of each workshop is best.

There will be an introduction to the program that all participants are expected to attend. An overall explanation, with goals, objectives and expectations for the entire program will be gone over at that time. At the introductory meeting, specific dates and times of rehearsals/meetings will be provided.

If you provide an email address (recommended), you will receive updates and notices via email to keep you updated to any changes that might take place. Phone calls will not be made. Posts to Facebook, the GYC website and emails will be the preferred method of correspondence. Feel free to call us if you have any immediate questions or concerns. All email queries will be responded to within 24hrs.

### CHECK ALL THAT APPLY

I am interested in:    Acting \_\_\_\_    Writing/Plays \_\_\_\_    Singing \_\_\_\_    Dancing \_\_\_\_    Production \_\_\_\_  
Painting \_\_\_\_    Playing an Instrument \_\_\_\_    Learning an Instrument \_\_\_\_    Technology \_\_\_\_    Photography \_\_\_\_  
Drawing/Sketching \_\_\_\_    Song Writing \_\_\_\_    Performing \_\_\_\_    Comedy \_\_\_\_    Camera Operation \_\_\_\_  
Directing \_\_\_\_    Promoting/Producing \_\_\_\_

Other interests/Hobbies \_\_\_\_\_



GREENWICH YOUTH CENTER REGISTRATION FORM

[www.GreenwichYouthCenter.org](http://www.GreenwichYouthCenter.org)

(518) 531 - 2473



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LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_

PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**PARENT/GUARDIAN SECTION**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**EMERGENCY CONTACT (OTHER THAN ABOVE)**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**WAIVER AND CONSENT:** *I hereby release the Citizen’s Committee for Greenwich Youth, the Village of Greenwich, Employees, Agents, Representatives, Officers, Directors and GYC Staff and Volunteers from any and all liability for any loss or injury sustained or incurred (including but not limited to, loss or injury resulting from the representatives, officers or directors, staff or volunteers) while my child participates in the Greenwich Youth Center’s programs, or while my child travels to or from the Youth Center’s programs or activities. In an emergency, I authorize any physician to perform any and all medical procedures, which he/she determines to be medically appropriate under the circumstances.*

**I have read and understand the above waiver and consent.**

**MEDICAL INFORMATION:** List any known allergies, or any medical concerns your child may have (Seizures, diabetes, etc.) that we need to be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDIA COVERAGE:** During any Greenwich Youth Center activity, media coverage (photography, interviews, post to website and/or Facebook) may occur. Please check box if you **DO NOT** want your child to be photographed or included in our media coverage

I understand that the Greenwich Youth Center is not responsible for arrival or departure of participants. Enrolled participants is expected to stay for the entire length of the program. Parents/Guardians are responsible for picking up and dropping participants of at the appropriate times.

***I have read through the contents of this application and completely understand the commitment to the program. I understand that participation in the program is contingent on attendance, respect towards others and participation.***

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_