

Actors Point
THEATRE COMPANY



**Actors Point Theatre Company is excited to
announce their popular Acting Academy classes for Spring 2020!**

This is the short list of skills that children and adults can gain from acting class:

- All around Confidence
- Ability to looking people in the eye when they talk to them
- How to listen actively
- How to enter a room with poise and presence
- Deeper Respect for their peers and elders
- Ability to Interview well
- Improvisation, Thinking on their feet
- Communicating with their peers
- Team work
- Stronger Reading Skills
- Speech – Articulation and Enunciation
- Focus and Concentration

We are now taking applications for this year. Choose a class for your Elementary, Middle School or High School / College aged student as soon as you can!

Class sizes will be at least 6 and no larger than 12 students and will be Tuesdays from March 3 – May 5, 2020 (No class on March 17th due to Spring Break).

Fees: Semester Tuition: \$249.00/per student (add registration fee \$35.00/student)

** You can pay weekly, monthly or all at once!

**There are discounts for multiple people in one family- 10% for 2nd member, 15% for 3rd, etc.

Classes will be held at Cornerstone Church Hendersonville, 1410 Stop Thirty Road, in Hendersonville.

Go to www.actorspointtheatre.com and click on CLASSES on the homepage or email actorspointtc@gmail.com to request a registration pack or simply call 615-431-9620 for more information.



Acting Academy Enrollment

Registration Form Spring 2020
9 weeks March 3 to May 5, 2020

Parent/Guardian Contact and Billing information

Parent: Last Name _____ First _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ email _____

Spouse (full name) _____

Home Phone _____ Work Phone _____

Cell Phone _____ email _____

Student(s) Information

Full Name

Date of Birth

School/Grade

Student 1 - M/F _____

Email (if applicable) _____

Course: (Circle One) Mid Sch. 3:30-4:25 pm Elem. 4:30-5:25 pm HS/College 5:30-6:25

Student 2 - M/F _____

Email (if applicable) _____

Course: (Circle One) Mid Sch. 3:30-4:25 pm Elem. 4:30-5:25 pm HS/College 5:30-6:25

Student 3 - M/F _____

Email (if applicable) _____

Course: (Circle One) Mid Sch. 3:30-4:25 pm Elem. 4:30-5:25 pm HS/College 5:30-6:25

Payment: to Actors Point Theatre Company. 170D E Main St. #236. Hendersonville, TN 37075 by cash, check or credit/debit card. Call if by CC/Debit. Again payments can be weekly, monthly or all at once. Please email actorspointtc@gmail.com or call 615-431-9620 for arrangements.



Acting "Academy"

Acting 6th through 8th grades: Tuesdays 3:30 to 4:25 pm

This class is designed to be a first acting class while introducing students to more advanced ideas and techniques. Creativity, improvisation, audition techniques, public speaking, stage voice and movement, monologue and scene study, and accents are all taught in this course, as well as focus on actor preparation, creating the character, and advanced vocal and movement work. The class will work toward a presentation project at years end. All presentation in class will contain subject matter and language that would be considered G or PG rated.

Beginning Acting 3rd through 5th grades: Tuesdays 4:30-5:25 pm

This is a class we suggest for kids who are interested in the exploration of acting. We strive to help your child build their self-confidence and develop a strong sense of self. Acting Exercises that encourage the confronting of fear and self-doubt will be the focus of the class. By this, students will develop and discover their creativity. The exercises include; improvisation, public speaking, voice and movement, monologue and scene study, and accents. The class will work toward a presentation project at year's end. Class unity and the acceptance of each other's freedom of creative expression are strongly encouraged; dissention of any kind is not tolerated. This is a nurturing artistic environment where one who is focused and dedicated can thrive. All presentation in class will contain subject matter and language that would be considered G or PG rated.

Advanced Acting 9th to College age: Tuesdays 5:30 – 6:25 pm

Advanced Acting offers an extremely challenging and cutting edge curriculum. The class covers a vast array of acting styles and philosophies. The class encourages exploration of Stanislavski, Meisner, and Hagen Exercises, Scene study, audition technique, public speaking, accents, voice and movement, improvisation, monologue work, and performance art. This program is designed to give our students who are interested an idea of the requirements and techniques they will need to compete and properly prepare for college auditions and the world of professional acting. The program also presents opportunities to audition for Actors Point Theatre Company's main-stage productions and be candidates to participate in their intern programs. Discipline and respect for the art of theatre and film is instilled in each student. Class unity and the acceptance of each other's freedom of creative expression are strongly encouraged; dissention of any kind is not tolerated. This is a nurturing artistic environment where one who is focused and dedicated can thrive. All presentation in class will contain subject matter and language that would be considered G or PG rated.

**Actors Point Theatre Company
Acting Classes 2020**

**ACCIDENT WAIVER, RELEASE OF LIABILITY, MEDICAL CONSENT,
PHOTOGRAPHY/VIDEO RELEASE**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING WITH ACTORS POINT THEATRE COMPANY (hereafter APTC) AND ACTIVITIES OR EVENTS, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I or my child is physically fit, have sufficiently prepared for participation with APTC, activities or events, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems that preclude my participation with APTC. I acknowledge that APTC, sponsors, and organizers of any activity or event in which I may participate will use this Accident Waiver and Release of Liability Form, and that it will govern my/my child's actions and responsibilities at said company, its property, activity or event. In consideration of my application and permitting me/my child to participate in this at this company, activities or event, I hereby take action for myself/my child, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my/my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me/my child including my/my child traveling to and from the venue, activities and events, THE FOLLOWING ENTITIES OR PERSONS: **APTC, and Cornerstone Church Hendersonville** and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers; (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation at this company, activities or events, whether caused by the negligence of release or otherwise. **I acknowledge that APTC and Cornerstone Church Hendersonville**, and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of APTC, and Cornerstone Church Hendersonville. I acknowledge that APTC and Indian Lake Peninsula Church, activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers, and all associated with the participant at the activity.

I give permission for any and all medical attention to be administered to me/my child in the event of accident, injury, sickness, etc. I also assume the responsibility for payment of such treatment. I understand that at this camp, events or related activities, I/my child may be photographed. I agree to allow my/my child's photo, video, or film likeness to be used for any legitimate purpose by **APTC, Cornerstone Church Hendersonville** producers, sponsors, organizers, and assigns. I give full rights to **APTC and Cornerstone Church Hendersonville** and its staff to use photos, video images and audio reproductions of me or my child to use for promotional or information purposes of **APTC and Cornerstone Church Hendersonville** or its agents. Photos may appear with or without names in press releases, websites, and other advertising materials.

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation with Actors Point its activities or events, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Participant's Name (Printed)

Participant's Signature

Date

Parent or Guardian (Printed)

Parent/Guardian Signature

Date

BY SIGNING ABOVE, I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.