

THE TN SUMMER ACADEMY **SUMMER 2025**

Please fill out the below form to register your child for the TN Summer Academy 2025.

DATES

Four Week Rehearsal Process Monday, July 21- Friday, August 15, 2025 (Monday through Friday, 9:00 am- 4:00 pm) Fringe Performance Run Seven performances over the Festival (August 14 -24, 2025)

GENERAL INFORMATION

| STUDENT NAME | | | |
|----------------------------|-------------|-------|-------------------------|
| STUDENT AGE | | | |
| STUDENT BIRTH DATE | | | |
| STUDENT ADDRESS | | | |
| STUDENT PHONE NUMBER | | | |
| STUDENT E-MAIL | | | |
| | | | |
| PARENT NAME(S) | | | |
| PARENT ADDRESS | | | |
| PARENT PHONE NUMBER(S) | | | |
| PARENT E-MAIL (S) | | | |
| HEALTH INFORMATION | | | |
| EMERGENCY CONTACT 1 (NAME) | PHONE NUMBE | ER(S) | RELATIONSHIP TO STUDENT |

| EMERGENCY CONTACT 1 (NAME) | PHONE NUMBER(S) | RELATIONSHIP TO STUDENT |
|--|-----------------|-------------------------|
| | | |
| EMERGENCY CONTACT 2 (NAME) | PHONE NUMBER(S) | RELATIONSHIP TO STUDENT |
| Does the Student have any physical health conditions? (please explain) | | |

| Does the Student have any mental or emotional health conditions? (please explain) | | | | | |
|---|----------------------------------|----------------------------------|---|---|---------------------------------|
| Does the Student take any medications that we should know about? (please explain) | | | | | |
| Does the student carry their medication with them? | | | | | |
| Is the student able to administer medication on their own? | | | | | |
| Does the student need help administering their medication? (please explain) | | | | | |
| SAFETY / PICK UP INFORMATION | l | | | | |
| While at the theatre students will be their child to leave the building on br | | | | parents/guardians | like to allow |
| Is the Student allowed to leave the supervision at the end of day? | theatre without | Yes / No | Parent Initial: | | |
| (please circle and initial) | | | | | |
| Is the Student allowed to leave the supervision at lunch time or on breathers. | | Yes / No | Parent Initial: | | |
| (please circle and initial) | | | | | |
| Please list the names of the people permission to pick up your child fro camp. | | | ı | 1 | |
| MEDIA/ PHOTO RELEASE | | | | | l |
| Participation in the TN Summer Aca photographs of the student actors to used on the Theatre Network websit programs. The student's name will a handbills. | be used to pro e and social m | mote the show an edia, TN Summer | d future years of tl Academy website | he program. These and social media a | e images may be and in print |
| Do you give permission for Theatre and the TN Summer Academy to ta your child and use photos for prompurposes listed above? | ake photos of | Yes / No | Parent Initial: | | |
| (please circle and initial) | | | | | |

| Do you give permission for Theatre Network and TN Summer Academy to print your child's full name for promotional purposes listed above? | Yes / No | Parent Initial: | |
|---|----------|-----------------|--|
| (please circle and initial) | | | |

CODE OF CONDUCT

Theatre Network and the TN Summer Academy are safe spaces which promote supportive and safe events free of homophobia, transphobia, racism, sexism, & discrimination.

At the TN Summer Academy, we do not allow:

- 1. Abuse: including threats, attempts, and action that causes damage or harm or injury
- 2. Violence: the use of intentional force to cause physical harm or injury to an individual, group or property
- 3. Harassment: any comment, behaviour or act that are known or ought to be known as unwelcome by an individual or group as they are offensive, embarrassing, humiliating, demeaning, or unwelcome
- 4. Threats: any act, gesture or language that insinuates or directly communicates the intended harm of another individual, group or property
- 5. Discrimination: any comment, behaviour or act that is humiliating, offensive, traumatic, disparaging or otherwise diminish an individual or group's dignity and/or well-being

If any of these unacceptable behaviours are witnessed and/or reported, it will result in an investigation and/or being asked to leave and/or no longer participate. At the discretion of The TN Summer Academy, the ability to return to the program again will be based on the severity of the incident.

All participants involved in the activities of the TN Summer Academy, will adhere to agreed code of conduct.

| STUDENT NAME | STUDENT SIGNATURE | DATE |
|-----------------------|-------------------|------|
| | | |
| | | |
| PARENT/ GUARDIAN NAME | PARENT/ GUARDIAN | DATE |
| | SIGNATURE | |
| | | |
| | | |

REHEARSALS

Please see below our rehearsal schedule for the TN Summer Academy. Please fill out the dates/times your student will not be present.

| WEEK ONE | Monday, July 21- Friday, July 25 9:00 am- 4:00 pm | Please list any dates/times within this week that your student will not be present. |
|----------|--|---|
| WEEK TWO | Monday, July 28- Friday, August 1 9:00 am- 4:00 pm | Please list any dates/times within this week that your student will not be present. |

| WEEK THREE | Tuesday, August 5- Friday, August 8 9:00 am- 4:00 pm Monday, August 11- | Please list any dates/times within this week that your student will not be present. Please note we will take Monday, August 4 off for the Civil holiday. Please list any dates/times within this week that |
|-----------------|---|--|
| | Friday, August 15 9:00 am- 4:00 pm | your student will not be present. |
| PERFORMANCE RUN | Friday, August 15- Sunday, August 24 TIMES TBA Students are not required to attend all day, however, they will be required to be present at the theatre an hour before their performance. | Students must be present for all performances, however if you know of any date that they would be unable to perform we can request that we don't have a performance that day. |

PAYMENT INFORMATION

| | TOTAL | |
|---------------------------|------------|--|
| TN Summer Academy Tuition | \$1,250.00 | |

PAID BY (please circle): CREDIT CARD CHEQUE

To pay by **Credit Card**, please call Theatre Network at (780) 453-2440

To pay by **Cheque**, please send in this registration form to:

THEATRE NETWORK 10708 124 St, Edmonton, AB T5M 0H1

Cheques should be made out to: THEATRE NETWORK

ADDITONAL INFORMATION

| is any other information that you would like to the leader of program, Ellen Chorley to know? please write it here (or email to Ellen Chorley at ellenchorley@hotmail.com) | |
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