



CONTRACT

**To all *The Addams Family* cast members . . .
CONGRATULATIONS!**

Welcome to the show!! Now the fun and hard work begins!

This contract has been drawn to emphasise to each cast member that it is a privilege to be chosen for SHYAC's production of *The Addams Family*. In signing this contract you are making a commitment, not only to SHYAC and the production, but to each member of the cast. Please read this contract carefully and consider the contents seriously before signing. One signed contract is required per cast member.

1. Attendance

Parents/Guardians and cast members need to be fully aware that the involvement in SHYAC's production *The Addams Family* is a solid commitment for five months. Cast members are expected to attend each rehearsal, except in cases of illness (for lengthy illnesses a doctor's certificate will be requested). If this occurs please contact the parent liaison manager:

Carole Neale - 0402 109 647

- Every cast member is important and each rehearsal is crucial as time is limited. If two or more rehearsals are missed without notification and approval (24 hours prior to rehearsal) the cast member may be replaced.
- Please arrive 5-10 minutes before rehearsal time. Punctuality is essential. It is a sign of respect for your fellow cast members. The rehearsal programme has been worked out in advance and it is important that everyone begin together, on time. To participate safely, physical and vocal warm-ups are necessary.
- There is a mandatory sign in/sign out procedure in place for the safety of your children. It is to be filled in for each rehearsal and each performance by an accompanying adult. Once signed into a rehearsal, no child will be allowed off the premises.
- Please inform us on or before 3 JUNE if you do not wish to continue with the production. This will enable the production team to find someone else for your role.

2. Behaviour

With a cast of 50, the production team will rely on each person to be courteous and polite to everyone involved in the production (ie the production team, parents/guardians, SHYAC volunteers and fellow cast members).

****Bullying of any nature will not be tolerated.****

PARENT LIAISON:

Carole Neale has volunteered her time once again for this year's production in the role as Parent Liaison. She will be at the majority of rehearsals if you have any concerns or questions. Carole provides a very important link between parent communication and the production team. It would be greatly appreciated if Carole is your initial contact with any queries.

3. Costs and other expenses:

Production Fee: \$170 per child

Full payment on: Sunday's: 20 & 27 May (drop off time)

\$170 per child plus \$25 family membership (if 2018 membership hasn't been paid).
Payments can be made by cash, cheque or eftpos. Please do not hesitate to contact Carole if there are any difficulties with payment.

Production Fee – pays for:

- Cast T-shirt
- Materials for costumes, sets, props
- Rehearsal and performance space expenses
- Promotion and marketing

Fees will not be refunded for non-attendance.

4. Costumes

Costumes will be made and sourced for the cast. We are always on the look-out for sewers (parents, grandparents etc). If you would like to volunteer please inform Carole. However some personal costume items will need to be supplied by you. An individual detailed list will be distributed closer to performance time. Some of these items may include:

- make up
- stockings
- flesh coloured underwear
- shoes

Rehearsal Timetable:

REHEARSAL SCHEDULE:

NB: Ensemble cast will not be required at every rehearsal.

A detailed rehearsal schedule will be given to all cast members once casting has been announced.

FIRST REHEARSAL: Full cast – SUNDAY 20 MAY at THSPA – 11am – 4pm

SUNDAY REHEARSALS: PDA (11am – 4pm)

MAY: 27

JUNE: 3, 10, 17, 24

JULY: 1

HOLIDAY INTENSIVE REHEARSAL: VENUE TBC (10am – 3pm)

16 – 19 JULY

NB Principals and dance core ONLY

SUNDAY REHEARSALS: PDA (11am – 4pm)

JULY: 22, 29

AUGUST – 5, 12, 19, 26

SEPTEMBER – 9, 16, 23

PLAYHOUSE:

COMPULSORY INTENSIVE REHEARSAL: Wednesday 10 – Sunday 14 October

TIME: TBC (All day)

SHOW TIMES:

OPENING: FRIDAY 19 October – 7pm

MATINEE/EVENING: SATURDAY 20 October – 2pm & 7pm

MATINEE: SUNDAY 21 October – 2pm

EVENING: FRIDAY 26 October – 7pm

MATINEE/EVENING: SATURDAY 27 October – 2pm & 7pm

CLOSING: SUNDAY 28 October – 2pm

There will be structured breaks for morning tea, lunch and afternoon tea. Please ensure that nutritious food and snacks are supplied (ie. fruit, vegetables sticks with dip, hummus and rice cakes, yoghurt, popcorn, sushi, rice cakes, scones, pikelet or muffin-low fat/sugar, corn cakes and low fat cheese, etc). Please note: it would be preferable to avoid all NUTS & food with nut traces.

Children will not be allowed off the rehearsal premises for any reason. Please ensure your child/ren have enough food and drink with them.

NB This includes during show time when there is a break in between performances. Only cast members who present a note signed by their parent/carer will be allowed to leave the premises to obtain meals. This includes older children.

Water is the best thirst-quencher. Soft drinks will not be allowed.

Appropriate, comfortable clothing is required for dance and general dramatic movement. The following attire should be worn to rehearsals: Cast T-shirt, comfortable pants/leggings and dance shoes/soft shoes.

6. Parent/Guardian Assistance

SHYAC is a not-for-profit organisation that relies heavily on volunteers. Therefore, we require assistance from parents/guardians throughout the entire rehearsal and performance process. All parents are encouraged to participate in some way. Jobs are vast and varied ranging from sewing/cutting costumes, painting sets/props, assisting with supervision while the children are rehearsing. During Show Time assistance will be required in the canteen, box office, ushering and dressing room supervision.

All of these tasks are paramount in ensuring the success of the production and more importantly the safety and well-being of your children. It is a chance to share the journey with your child, get to know other SHYAC members and families and to contribute your individual skills.

If you would like to take on a volunteer position this year and haven't already done so, it is mandatory procedure to obtain a Working with Children Check. This is free and easy to apply: <https://wwccheck.cyp.nsw.gov.au/Applicants/Application> - Once your application has been approved you will receive a WWC number. Please pass this number onto Carole. Please note that all volunteers need to agree to abide by SHYAC's Child Protection Policies.

A form is included in the contract for parent assistance. It would be appreciated if this could be filled in and returned at the first rehearsal.

7. Promotional Performances, Photography and Video Recordings

There will be opportunities throughout the rehearsal period to participate in promotional performances. Permission slips will be provided for parents/guardians to sign when these opportunities arise with plenty of notification.

SHYAC also produces photographs of cast members in its publications, promotional and marketing material and on its website in order to promote youth theatre in the Highlands. SHYAC would like to be able to use and reproduce in print form and/or electronically one or more photographs of your child for this purpose and is seeking your consent to do so.

Please retain this contract.



Complete & return these forms listed below along with full payment on

20 & 27 MAY

(First Intensive Rehearsal Day)

- **1. Agreement to *The Addams Family* Contract**
- **2. Record of Dates – Office copy only**
- **3. Medical Information**
- **4. Parent assistance form**
- **5. Authorisation to collect form**
- **6. Authority to obtain emergency medical treatment form**

Rehearsal venues:

**Pointe Dynamic Arts (PDA)
Clarence House
Studio 12/13 9 Clarence St, Moss Vale**

THSPA: Kirkham Rd, Bowral

11am – 4pm

RECORD OF DATES: RETAIN THIS COPY FOR YOUR RECORDS

N.B. There is another copy of this schedule to be completed and handed in at the first rehearsal.

SUNDAY REHEARSALS – PDA (11am – 4pm)

Sunday 20 MAY (VENUE: THSPA)	Sunday 17 JUNE
Sunday 27 MAY	Sunday 24 JUNE
Sunday 3 JUNE	Sunday 1 JULY
Sunday 10 JUNE	

SCHOOL HOLIDAY INTENSIVE (10am – 3pm)

Principals and dance core ONLY

Monday 16 JULY	Wednesday 18 JULY
Tuesday 17 JULY	Thursday 19 JULY

SUNDAY REHEARSALS – PDA

Sunday 22 JULY	Sunday 26 AUGUST
Sunday 29 JULY	Sunday 9 SEPTEMBER
Sunday 5 AUGUST	Sunday 16 SEPTEMBER
Sunday 12 AUGUST	Sunday 23 SEPTEMBER
Sunday 19 AUGUST	

**COMPULSORY Intensive Dress Rehearsal at
Mittagong Playhouse**

(Last week of Sept/Oct school holidays)

Wednesday 10 OCTOBER	Time: TBA (All day)
Thursday 11 OCTOBER	Time: TBA (All day)
Friday 12 OCTOBER	Time: TBA (All day)
Saturday 13 OCTOBER	Time: TBA (All day)
Sunday 14 OCTOBER	Time: TBA (All day)

SHOW TIME at Mittagong Playhouse – 8 PERFORMANCES

FRIDAY 19 OCTOBER	Opening Night – 7.30pm
SATURDAY 20 OCTOBER	Matinee - 2pm & Evening performance – 7.30pm
SUNDAY 21 OCTOBER	Matinee - 2pm
FRIDAY 26 OCTOBER	Evening performance – 7.30pm
SATURDAY 27 OCTOBER	Matinee - 2pm & Evening performance – 7.30pm
SUNDAY 28 OCTOBER	Closing performance – 2pm



AGREEMENT TO *The Addams Family* CONTRACT

I, (print child's name) _____,
have read and understand *The Addams Family* contract. I will follow all the production
rules set out in this contract during the rehearsal schedule and the performance period.

Signature of Child _____

I, (print parent/guardian's name) _____,
have read and understand *The Addams Family* contract and will assist my child/children to
adhere to the production rules. I give my permission to SHYAC to use my child's
photograph/s & recording in the manner indicated in number seven (7) of this contract.

Signature of Parent/Guardian _____

Child's Name: _____

Age: _____

School: _____ Year/Grade: _____

For the purpose of ordering Cast t-shirts, child's standard t-shirt size is _____

To assist with costuming, child's usual clothing size is: Tops _____

Pants/Bottoms _____

My contact details are as follows:

Relation to Child: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Email: _____

Emergency Contact #1:

Name: _____

Relation to Child: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Emergency Contact #2:

Name: _____

Relation to Child: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

RECORD OF DATES: OFFICE COPY

Name of Cast Member: _____

The rehearsal schedule is below. If there is a date/time that you know your child **WILL NOT** be able to attend, please indicate and tick the box below:

SUNDAY REHEARSALS – PDA (11am – 4pm)

<input type="checkbox"/>	Sunday 20 MAY (VENUE: THSPA)	<input type="checkbox"/>	Sunday 17 JUNE
<input type="checkbox"/>	Sunday 27 MAY	<input type="checkbox"/>	Sunday 24 JUNE
<input type="checkbox"/>	Sunday 3 JUNE	<input type="checkbox"/>	Sunday 1 JULY

SCHOOL HOLIDAY INTENSIVE (11am – 4pm)

<input type="checkbox"/>	Monday 16 JULY	<input type="checkbox"/>	Thursday 19 JULY
<input type="checkbox"/>	Tuesday 17 JULY	<input type="checkbox"/>	Friday 20 JULY
<input type="checkbox"/>	Wednesday 18 JULY	<input type="checkbox"/>	

SUNDAY REHEARSALS – PDA

<input type="checkbox"/>	Sunday 22 JULY	<input type="checkbox"/>	Sunday 26 AUGUST
<input type="checkbox"/>	Sunday 29 JULY	<input type="checkbox"/>	Sunday 9 SEPTEMBER
<input type="checkbox"/>	Sunday 5 AUGUST	<input type="checkbox"/>	Sunday 16 SEPTEMBER
<input type="checkbox"/>	Sunday 12 AUGUST	<input type="checkbox"/>	Sunday 23 SEPTEMBER
<input type="checkbox"/>	Sunday 19 AUGUST	<input type="checkbox"/>	

COMPULSORY Intensive Dress Rehearsal at Mittagong Playhouse (Last week of Sept/Oct school holidays)

<input type="checkbox"/>	Wednesday 10 OCTOBER	Time: TBA (All day)
<input type="checkbox"/>	Thursday 11 OCTOBER	Time: TBA (All day)
<input type="checkbox"/>	Friday 12 OCTOBER	Time: TBA (All day)
<input type="checkbox"/>	Saturday 13 OCTOBER	Time: TBA (All day)
<input type="checkbox"/>	Sunday 14 OCTOBER	Time: TBA (All day)

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SUNDAY 28 OCTOBER	Closing performance – 2pm

Medical Information for: _____

Date of Birth: _____

Insurance Provider		Membership #	
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Medicare #		Number of persons on Medicare card:		Expiry Date	
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Do you have ambulance cover?	YES	NO	Health care card number (if applicable)	
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Will your child need to take any tablets or other medication during the course of the Rehearsal, Dress Rehearsal and or Performance period? Please note: SHYAC volunteers cannot administer medication therefore the parent/guardian MUST administer)
(if yes, please give details)

Has your child been taken off medication recently?
(if yes, please give details)

Has your child had any surgery, injuries, bone or joint problems?
(if yes, please give details)

Please indicate if your child has had any of the conditions below. Provide additional details if necessary.					
Condition	Tick if YES	Details	Condition	Tick if YES	Details
Asthma			Heart Ailment		
Allergy			Food Allergy		
Diabetes			Other		
Epilepsy			Other		

PARENTAL ASSISTANCE FORM

Parent Name _____ Phone _____

Email _____

The production team will require assistance during the rehearsal and performance period. We really encourage your involvement as it is a wonderful opportunity for you to bond with your child/ren and enjoy firsthand the theatre experience.

There are 2 key areas where we need your support:

1 - Rehearsal supervision

This involves volunteering one or more day/s to help supervise children, manage signing in and out, and cleaning up after the rehearsal. We need 1 or 2 volunteers each week, especially in the intensive rehearsal period.

Please indicate the days below you might be available to assist with supervision subject to your children's rehearsal schedule.

SUNDAY REHEARSALS – PDA

Sunday 20 MAY (VENUE: THSPA)	Sunday 17 JUNE
Sunday 27 MAY	Sunday 24 JUNE
Sunday 3 JUNE	Sunday 1 JULY

SCHOOL HOLIDAY INTENSIVE (11am – 4pm)

Monday 16 JULY	Thursday 19 JULY
Tuesday 17 JULY	Friday 20 JULY
Wednesday 18 JULY	

SUNDAY REHEARSALS – PDA

Sunday 22 JULY	Sunday 26 AUGUST
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Saturday 13 OCTOBER	Time: TBA (All day)
Sunday 14 OCTOBER	Time: TBA (All day)



2 – Assistance during Showtime

Key Volunteer Roles:

Box Office Manager

This role involves overseeing the management of the box office during the performance period. The box office manager is required for all public shows, 45 minutes before the show. You will be available to watch any show as your job will finish as soon as the show starts.

The box office manager will need to:

- Manage the box office and print off seating plan from Try-booking online.
- Manage the no-shows and people who want to sell their tickets on.
- Hand out complimentary tickets and tickets which need to be picked up at the door.
- Manage program seller volunteers and program float.
- Manage the float – count takings at the end of each performance.

General Showtime Assistance:

A roster, along with a general description of required tasks will be made available closer to show time for parents to indicate where they might like to assist with performances. These areas of support include:

Assisting with making costumes
Assisting with set making/painting
Supervision in dressing room during show time
Assisting in canteen during show time

Ushering during show time
Making of cakes etc. for canteen
Assisting in box office during show time



AUTHORITY TO OBTAIN EMERGENCY MEDICAL TREATMENT

Child's Name _____

Date of Birth _____

I give authority to the SHYAC volunteers whilst my child is in their care at rehearsals and performances to decide upon and obtain medical assistance and treatment for my child (doctor, dentist, ambulance, hospital) in the event of an emergency.

I have provided my child's medical information and Medicare and/or health fund details on a separate form. I understand that this form and the Medical Information form may be provided to any medical treatment provider.

I agree to cover the costs of any medical assistance and treatment that is required and may be incurred on behalf of my child. I understand that SHYAC volunteers will make every effort to contact me (or the persons I have nominated on the Emergency contact form and hereby authorise to make decisions in the event of such an emergency) in an emergency and inform me of any such emergency as soon as is practicable in the circumstances.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Name

AUTHORISATION TO COLLECT

Please nominate person/s authorised to pick up your child from rehearsals and performances. (i.e Grandparents, friends, carpool etc.)

NAME OF CHILD:	
AUTHORISED TO COLLECT 1	AUTHORISED TO COLLECT 2
Name:	Name:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:

NAME OF CHILD:	
AUTHORISED TO COLLECT 3	AUTHORISED TO COLLECT 4
Name:	Name:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:

PARENT SIGNATURE: _____

PLEASE NOTE: If in an emergency you need to arrange someone else to collect your child who is not nominated on this form please call Carole (Parent Liaison Officer)

0402 109 647 A proof of identity will be required for this person to collect you child.