

The logo for the musical "Olivia" features the word "Olivia" in a large, elegant, serif font. Below it, the text "by Malcolm Sircom" is written in a smaller, simpler font.

Thank you so much for considering taking part in our musical. Each fall we welcome our new and returning students with an opportunity to create a new world on the stage. It is our goal to make this an extraordinary learning experience that they will cherish. While our production is focused at KiMS, middle school students from other Kirkland-area schools may participate - simply note when you expect them to arrive for rehearsal.

1. Participation form due by end of school on Friday October 7.
  - a. You may keep this first page so you have the notes and a copy of the conflict calendar.
  - b. Return the rest of the packet by Friday October 7.
  - c. We do not need a photo. We will take them at auditions.
2. Parent / guardian attends mandatory meeting on Monday October 10 at 7pm.
  - a. We will chat about the show and what we hope to accomplish.
  - b. Answer any questions about the process.
  - c. Sign up for audition time, chaperone dates and committee.
3. Turn in check for \$85 (\$50 for crew) made out to "KiMS PTSA" at the parent meeting.
  - a. Contact us if there is a concern about the fee.
    - i. The fee will not be a barrier to any actor that wants to participate.
  - b. Refunds cannot be issued after the auditions.
4. Actor must prepare a memorized monologue for their audition slot.
  - a. "How To Audition" (practice) on Thu 10/13 starting at 3pm in the Commons.
    - i. Not required. Available to any student.
  - b. Monologues should be under one minute in length.
  - c. Monologues/tips can be found at: <http://monologue.anewglobe.org/>
  - d. Actors will learn about their role on Oct 21.
5. Please note the schedule for rehearsal dates.
  - a. All "MANDATORY" dates are mandatory - including the performances.
  - b. Each week we will notify you which rehearsals the actors are called for.
  - c. Schedule on back of this page is yours to keep.
  - d. Use schedule on back of "RETURN TO OFFICE" page to mark any actor date/time conflicts.

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Director: Johnmichael Monteith  
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Group Email: [kims@anewglobe.org](mailto:kims@anewglobe.org)





RETURN TO OFFICE

FALL MUSICAL  
PARTICIPATION FORM

Please complete the following pages, including listing conflicts on back page, and send to KiMS office.  
Questions: Johnmichael Monteith - jp@anewglobe.org / 425.223.3298

|                     |   |                              |
|---------------------|---|------------------------------|
| Type:               | <input type="checkbox"/> Actor (\$85) <input type="checkbox"/> Crew (\$50)                      | Check made out to: KiMS PTSA |
| Student First Name: |   | Student Last Name:           |
| Grade:              | <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 Other:         | Height:                      |
| Gender:             |   | Hair Color:                  |
| Your School:        | <input type="checkbox"/> KiMS <input type="checkbox"/> Other:                                   |                              |
| Parent #1 Type:     | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: |                              |
| Parent #1 Name:     |   |                              |
| Parent #1 Email:    |   |                              |
| Parent #1 Phone:    |   |                              |
| Parent #2 Type:     | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: |                              |
| Parent #2 Name:     |   |                              |
| Parent #2 Email:    |   |                              |
| Parent #2 Phone:    |   |                              |

|                           |
|---------------------------|
| <b>Acting Experience:</b> |
|                           |
|                           |

|   |
|---|
| <b>Dance, choir, gymnastics experience or play an instrument:</b> |
|   |

|  |
|--|
| <b>Anything else important to share:</b> |
|  |



## Rules for a Safe & Fun Experience

We are all in this performance journey to learn from each other.  
Please read these carefully and take them to heart.

- I will never do anything that is unsafe / could cause harm to others or myself.
- I will bring my script and pencil to every rehearsal.
- I will bring a healthy snack and water bottle to every rehearsal.
- I will use respectful language at all times, both with my Directors and fellow actors.
- I will clean up after myself and others during/after rehearsals and performances.
- I will coordinate with another actor if I miss a rehearsal to catch what I missed.
- I will do my best to memorize my lines and stage movement.
- I will set a good example to others in my respect and listening to others.
- I will keep any electronic devices (games, cell phones) off and put away during rehearsal.
- I will do my homework or read a book during rehearsal if I am not being used at that time.
- I will listen carefully and always try my very best.
- If I have any concerns I will notify an adult immediately.

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

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



RETURN TO OFFICE

FALL MUSICAL PARTICIPATION FORM

Complete and return this form only if there is a potential medical concern.

|  |                            |   |
|--|----------------------------|---|
| <b>Student:</b> (last) _____ (first) _____   | <b>Birth Date:</b> _____   | <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> |
| <b>Parent:</b> (last) _____ (first) _____  | <b>Phone:</b> (    ) _____ |   |
| Explain the student health condition: (examples: diabetes, severe allergies, epilepsy, severe asthma, or cardiac/heart conditions)               |                            |   |
| Explain any health condition or behavioral / emotional challenges that may impact your student. This can help us create a successful experience. |                            |   |

Please list any medications your student currently takes:

| Medication | Dose / Frequency | Taken at Home            | Taken during rehearsal   | Will Self-Administer     | Notes |
|------------|------------------|--------------------------|--------------------------|--------------------------|-------|
|            |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
|            |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
|            |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
|            |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |

Any medication brought to class/camp should be kept in the student's backpack.\* Let us know if alternative arrangements should be made for any reason. Refrigeration will not be available. If your student cannot self-administer medication, you must make arrangements for a person known to the child to come to camp or class and administer medication. Please advise the camp or class teacher of the person's name and arrival time in advance. If your child needs prompts to take medication, or needs to report on medications taken during class/camp, please make arrangements to have your child carry a cell phone. Instructors cannot be responsible for administering or monitoring student medication.

Please list any allergies about which our staff or medical personnel should be aware:

| Allergen | Reaction | Treatment |
|----------|----------|-----------|
|          |          |           |
|          |          |           |
|          |          |           |

I, the undersigned parent/guardian of the student, acknowledge the possibility that participation in after school activities could result in physical injury to the registrant. I hereby release, discharge and agree to hold harmless New Globe, KiMS PTSA, its officers, directors, employees, agents and affiliates from any and all claims arising from or related to the registrant's participation in these activities. I further authorize New Globe and/or KiMS PTSA staff to obtain medical care for my child in case of an emergency. I certify that I have read, understood, and agree to the above conditions, and that the information provided is complete and accurate to the best of my knowledge.

\*EpiPens will be kept with the sign-in first aid packet. In cases of severe allergic reaction, director is trained to administer EpiPen to outer thigh, call 911 and then call parents. Please remember to pick up your EpiPen from producer/director on the last day.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_