



TEEN AMBASSADOR APPLICATION

Contact Information

Please Print Legibly

Name:				Date:	
Age & Grade:				Phone:	
Home Address:				County:	
	<i>Street Address</i>	<i>City</i>	<i>Zip Code</i>		
School:				Email:	

1. How many Broadway shows/touring Broadway shows have you seen in the past year? Name them.

2. What types of live theatrical events do you enjoy (Musicals, plays, concerts, opera, dance, stand-up comedians, etc.)?

3. Do you currently write for any publications? If so, please specify (i.e., school newspaper, yearbook, Teen Link, etc.).

4. Tell us about your personal connection to the arts (i.e. your performance experience, technical skills, musical abilities, writing abilities, etc.).

5. Locally, what theater(s) do you attend?

6. How do you find out what's currently playing on Broadway or at a local theater?

7. How do your parents select shows for the family to see?

8. Do you pay attention to theatrical reviews?

9. Will you be able to arrange your schedule to prioritize both attending presentations, and completing the required reviews, while keeping up with your studies?

10. What's the #1 way you communicate with your friends?

11. Which social networking websites do you currently utilize?

12. Do you aspire to a career in the theater industry? Please explain.

13. What TV shows do you watch? Which radio stations do you listen to?

14. Are you a member of a community or school arts organization? If so, please share the names.

15. Please attach a short, typed essay (300 words maximum) explaining why you feel you would be a valuable member of the Teen Ambassador Program.

LIABILITY & MEDIA RELEASE

Medical Information & Food Allergies

Please list any medical conditions that may affect your child's participation, as well as any food allergies:

Assumption Of Risk And Release For Liability

Knowing that participation in the program entails some risks, and in consideration of my child being permitted to participate in the program, I agree to release the Dr. Phillips Center for the Performing Arts from any and all costs, claims, injury or illness resulting from my child's participation in the program. I agree that neither the Dr. Phillips Center for the Performing Arts, nor any of its employees, independent contractors, directors and/or officers will be held liable for any injury which may occur to me or my child while attending a class, camp or workshop. This includes, but is not limited to, any activities in which I/he/she may participate including classes in singing, acting, dancing, physical comedy, stage craft, theatrical mask work, warm-up exercises and/or breaks. I grant the Dr. Phillips Center for the Performing Arts staff permission to contact emergency services and permit treatment should I/my child become injured and I am unable to provide direct authorization for services. I hereby release the Dr. Phillips Center for the Performing Arts and their respective employees, independent contractors, directors and/or officers from any and all legal or financial claims.

Media Release

Participants are sometimes photographed and videotaped for use in Dr. Phillips Center for the Performing Arts promotional and educational materials. I authorize the Dr. Phillips Center to record the image and voice of the subject named below and gives the Dr. Phillips Center and all persons or entities acting pursuant to the Dr. Phillips Center's permission or authority to use these recorded images and voice. I understand said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without change, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Please Sign

Print Student's Name

Signature of Parent or Guardian of Minor Participant or Adult Participant

Date

Dr. Phillips Center for the Performing Arts
Attn: Florida Hospital School of the Arts

e classes@drphillipscenter.org
p 407.455.5551

155 E. Anderson St.
Orlando, FL 32801

A completed application has all of the following:

- A completed Dr. Phillips Center Teen Ambassador Program application.
- A short, typed essay (300 words maximum) explaining why you feel you would be a valuable member of the Teen Ambassador Program.
- A letter of recommendation from a person who is not a parent or legal guardian. Examples of acceptable recommendation writers are teachers, school counselors, principals, etc.
- A copy of your 2016-2017 school year report card.
- A completed liability and media release form.
- A YouTube video link no longer than one minute in length stating why you would make a great Dr. Phillips Center Teen Ambassador.

Thank You

Thank you for your interest in being a part of this exciting program at the Dr. Phillips Center for the Performing Arts. All of your application materials must be submitted by **5 p.m. on Monday, September 18, 2017**. All applicants for the 2017–2018 Dr. Phillips Center Teen Ambassador Program will be notified of results by Friday, September 29, 2017.

The first meeting will be held on **Monday, October 9, 2017** at 6 p.m. This will be a mandatory orientation. Any new Teen Ambassadors will be required to have a parent and/or legal guardian present.

Please Sign

Applicant Signature:

Date:

Parent Signature:

Date:

Application Checklist

- Complete application materials listed above – typed or printed legibly.
- Must be received by **Monday, September 18, 2017 at 5 p.m.** Please be aware, if mailing your application materials, they must be received at the Dr. Phillips Center for the Performing Arts by Monday, September 18 for your application to be considered complete.
- Mail or email application to:

Teen Ambassador Program

Attn: Jennifer Russo – Program Manager, Education
Dr. Phillips Center for the Performing Arts

155 e. anderson street
orlando, fl 32801

e jennifer.russo@drphillipscenter.org
p 407.839.0119 x1368