# Table of Contents

- General Information ................................................................. 4
- Company Member & Parent/Guardian Behavior Contracts .................. 5
- Conduct Policy ............................................................................... 6
- Confidentiality ............................................................................. 6
- Disciplinary Process ....................................................................... 6
- Attendance Policy ........................................................................... 6
- Dress Code And Supplies ............................................................... 7
- Communication Policy .................................................................... 8
- Backpacks, Duffle Bags, Cell Phones & Other Equipment ................. 8
- Emergency Contact ......................................................................... 8
- The Four Counts Fee Payment ......................................................... 9
- Arriving & Departing ...................................................................... 10
- Parking .......................................................................................... 11
- Directions To The School Of The Arts & Drop-Off/Pick-Up: .......... 11
- Handbook Acknowledgement .......................................................... 12
- Order Form .................................................................................... 13-14
- Monthly Payment Form ................................................................. 15
- Emergency Contact Form ............................................................... 16
- Liability/ Media Release Form ........................................................ 17
- Medical Release Form ..................................................................... 18
- Sign-In/Out Form ............................................................................ 19
- Dr. Phillips Center Confidentiality Agreement .................................. 20
general information

This exceptional group of 15- to 22-year olds represents Dr. Phillips Center on our stages and throughout our community. Under the artistic direction of Laura Peete and the musical direction of Tim Hanes, they perfect their performance skills through master-level training and workshops in acting, singing and dancing during and perform in a full season of performances.

Company members of this group will represent the Dr. Phillips Center on our stages and in the community.

In the September to June Season, The Four Counts will have scheduled rehearsals in the Dr. Phillips Center Advent Health School of the Arts on Tuesday evenings and some weekends during the season.

The Four Counts is named after Dr. Phillip Phillips and his wife Della Phillips. Dr. Phillips was a prominent businessman and philanthropists who was particularly active in the Central Florida area. He earned a medical degree from Columbia University in New York. A citrus magnate, at one point, he owned more than 5,000 acres of citrus groves before selling his industry assets in 1953. Ms. Della Phillips was well known for her love of the arts. She often held public concerts on the front lawn of the Phillips’ downtown Orlando home.

The Four Counts contact information

e. Tatiana.bello@drphillipscenter.org
p. 407.992.1776
w. drphillipscenter.org/education

155 east anderson street
orlando, florida 32801
COMPANY MEMBER & PARENT/GUARDIAN BEHAVIOR CONTRACTS

The Company Member and Parent/Guardian Behavior Contracts help the Dr. Phillips Center run smoothly and ensure that everyone has a positive experience. All company members and parent/guardians are required to sign commitment contracts.

COMPANY MEMBER BEHAVIOR CONTRACT

- I will be in the facility, dressed and ready to go, 15 minutes before the start time of rehearsal.
- If I am running late, I will notify Tatiana Bello at tatiana.bello@drphillipscenter.org
- I will arrive prepared and will have all assigned music and choreography learned.
- When attending rehearsal, I will be prepared with all of the essential tools and wardrobe pieces to make rehearsal successful for myself and those around me.
- I will not miss more than 5 excused rehearsals or performances. Two unexcused rehearsals may result in dismissal from the company.
- I will email Tatiana Bello at tatiana.bello@drphillipscenter.org ahead if I know that I will be missing rehearsal.
- I will respect and take care of all equipment by using it only for its intended purpose.
- I will return all equipment to its proper place after each rehearsal.
- When using Dr. Phillips Center equipment, I will take sole responsibility for lost or damaged property.
- I will clean up after myself.
- I will not chew gum during rehearsal or performance events.
- I will only drink and eat in designated areas.
- I will be focused throughout rehearsals and listen to directions.
- I will respect my peers, directors, and guest artists by listening and behaving properly.
- I will keep a positive attitude when in the building.
- I will have good behavior in and out of the classroom while in the building.
- I will respect the judgment of my directors regarding my progress in the program.
- I will be respectful of different viewpoints, cultures and lifestyles.

PARENT/GUARDIAN BEHAVIOR CONTRACT

- I will support my dependent in his or her efforts while attending the Dr. Phillips Center by making sure he or she is on time and has a good attitude towards their peers and directors.
- I will schedule my dependent’s other activities around his or her class schedule.
- I will be responsible for my dependent’s participation in The Four Counts, including all rehearsals and performance events.
- I will respect the judgment of The Four Counts directors, guest artists and management in all situations.
- I will notify The Four Counts management of any anticipated absences, via email or in writing as soon as I can.
- I will try to call ahead if an unexpected absence occurs.
- I will maintain a mature attitude in dealing with issues that may occur throughout the process.
- I will be respectful of different viewpoints, cultures and lifestyles.
CONDUCT POLICY

Please refer to the behavior contracts (page 5) for The Four Counts expectations of company members and parents/guardians. We expect anyone participating in The Four Counts to be responsible and appropriate at all times. We expect company members to treat all classrooms, the facility and classroom tools with care and respect. Handle everything carefully and help the Dr. Phillips Center to keep the building and studios clean.

By signing the contract, you acknowledge that you will follow our policies. We will do everything in our power to help correct issues before they become serious. However, if issues persist and are not fixed by either the family or company member, then they will be dismissed from The Four Counts with no refund.

CONFIDENTIALITY

The Four Counts Company Members are required to sign Dr. Phillips Center Confidentiality Agreements due to the sensitive information distributed to company members. Infringement of the Confidentiality Agreement will result in dismissal from the group without refund.

DISCIPLINARY PROCESS

• **1st Offense:** A verbal warning will be issued to the company member.

• **2nd Offense:** A written warning will be filed by The Four Counts directors, who will contact the parent/guardian about the issue.

• **3rd Offense:** Directors will have a meeting with the company member and his or her parent/guardian.

• **4th Offense:** The company member will be dismissed from The Four Counts without refund.

ATTENDANCE POLICY

For each participant to receive a proper experience, good attendance is necessary. We suggest that each company member and family compare the Four Counts schedule to the member’s school and club schedules so that there are as few conflicts as possible. The directors reserve the right to adjust casting to any performance number in the event of absences, tardiness, or early departure. More than two unexcused absences from rehearsals or performance events will result in dismissal from the group without refund.

SCHEDULE

You will receive a schedule of all performances and rehearsals. Dates and times may vary due to artists’ schedules.

Company members and parent/guardians will receive a comprehensive master calendar as well as schedule updates every month inclusive of rehearsal and performance dates and times. It is expected that you prioritize these dates, especially during Broadway-artist residencies and workshops. All schedules are subject to change. Company members and parent/guardians will be notified of any changes as soon as they occur.
CONFLICTS

Please email Tatiana.bello@drphillipscenter.org as soon as possible if you notice an unavoidable conflict and a member must miss a rehearsal or performance event. All planned absences must be emailed to company management at least two weeks prior to the absence. If an unexpected absence occurs, please call or email as soon as you can so we can plan accordingly.

No refunds will be provided due to absences.

PERFORMANCE ATTENDANCE

Please show up to performances at the designated call time in full performance attire. Women are encouraged to wear street shoes until character shoes need to be worn. Please show up to rehearsal 15 minutes early dressed and ready to learn. If a member is more than 3 minutes late, they are considered tardy. Three tardy marks results in one unexcused absence. Please call or email company management if you know a company member will be late or absent from class.

DRESS CODE & SUPPLIES

Company members must dress properly and appropriately for every class. No offensive clothing is allowed at the Dr. Phillips Center. Please refrain from wearing jewelry. Attire and supplies requirements are listed below.

No food or drink in the rehearsal rooms. Bottled water is permitted.

<table>
<thead>
<tr>
<th>rehearsal supplies</th>
<th>Three-ring binder with sheet protectors</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Company Members</td>
<td>All distributed music or materials</td>
</tr>
<tr>
<td></td>
<td>Pencil</td>
</tr>
<tr>
<td></td>
<td>Resume and headshot</td>
</tr>
<tr>
<td></td>
<td>Appropriate rehearsal shoes</td>
</tr>
<tr>
<td></td>
<td>Two-minute solo selection with sheet music</td>
</tr>
</tbody>
</table>
COMMUNICATION POLICY

Communication is a vital part of The Four Counts. Company Member and parent/guardian contact information must be accurate and the best methods of contact. The most common form of correspondence will be email. When e-mails are distributed, company members must confirm receipt of rehearsal report within 48 hours. Cell phones are the most ideal phone numbers as they will be the method of communication on the day of performance events.

rehearsal dress code

| Females | • Moveable clothing in which body shape can be seen.  
Example Combinations: leotard, dance tights, leggings, dance pants, yoga pants, t-shirts, tank tops or gym shorts.  
• Character Shoes |
| Males | • Moveable clothing in which body shape can be seen.  
Example Combinations: leotard, dance tights, leggings, dance pants, yoga pants, t-shirts, tank tops or gym shorts.  
• Jazz shoes, Sneakers (Not Worn Outside), Performance Shoes*  
*Performance shoes are to be worn to rehearsal prior to each performance |

performance dress supplies

| Females | As Dictated by Performance Itinerary:  
• The Four Counts polo (provided)  
• The Four Counts nametag (provided)  
• Dark blue jeans free of holes  
• Black Dress  
• Black skirt or pants  
• Nude Capezio Tights x 2  
• Black Dance Trunks  
• Nude character shoes (preferably T-strap) |
| Males | As Dictated by Performance Itinerary:  
• The Four Counts polo (provided)  
• The Four Counts nametag (provided)  
• Dark blue jeans free of holes  
• White short-sleeve under shirt (to be worn at all times under performance shirt)  
• Colored button down dress shirt (ironed; bright colors encouraged)  
• Black slacks (ironed)  
• Black belt if slacks have belt holes  
• Black socks  
• Black dress/ jazz shoes |

*If company members are in need of assistance in purchasing any of the above supplies, please contact laura.peete@drphillipscenter.org.
EMERGENCY CONTACT
In case of emergency during class, please contact the AdventHealth School of the Arts at 407.455-5551. Please fill out the medical information that can be found attached to this handbook so that in case of emergency, we can be prepared to help.

THE FOUR COUNTS FEE PAYMENT
Fees can be paid by:
- Calling **407.455.5551** with credit card information Monday–Friday, 2–6 p.m.
- Mailing credit card information or a check with an order form to:
  
  Dr. Phillips Center for the Performing Arts
  
  Attn: School of the Arts
  
  155 East Anderson Street, Orlando, FL 32801
- Making an appointment to visit us Monday–Friday, 1–5 p.m.

The non-refundable $650 The Four Counts fee can be paid in full or through monthly installments (provided you sign a semester commitment letter.)
arriving & leaving

Dr. Phillips Center for the Performing Arts is committed to the safety and well-being of all students. Please follow our institutional procedures for arriving at and leaving the School of the Arts. Be prepared for inspection when you enter the arts center. This inspection may include the use of metal detectors. If you bring a bag, it will be searched and will slow down your entry time.

Parents/guardians, please use the Anderson Street pull-off for student drop-off and pick-up. After class, students are escorted to the lobby, where they wait for you. Guardians need to sign younger students out. Please do not wait in the Anderson Street pull-off longer than five minutes.

Students under the age of 18 must adhere to the arrival and departure procedures. Students ages 16–18 may sign themselves out, provided they have a signed waiver from their parent/guardian on file, however, we encourage the buddy system and do not recommend that they walk alone.

Students ages 13–15 who have a signed waiver on file are able to sign themselves in and out of the building, and walk to and from their mode of transportation. We recommend using the Anderson Street pull-off for pick-up and drop-off.

Students ages 6–12 must enter the building through the Leonard & Marjorie Williams Stage Door entrance and use our sign-in and sign-out procedures. Students are only released to parents, guardians, or family members listed on their emergency contact form.

Please try to arrive 10–15 minutes before class. Any student not picked up within 15 minutes of the completion of the class day will be charged $5 per minute. Parents are not allowed inside the classroom.

EXTERNAL PERFORMANCE LOCATIONS

Policies regarding arrival and departure from external performance locations are the same as they are for arriving and departing from the Dr. Phillips Center. Company members should have reliable transportation in which they can travel to and from external performance locations.

In some instances, the group will meet at the Dr. Phillips Center Stage Door Lobby and walk as a group to a performance space if it is in walking distance. Details regarding each specific performance will be included in performance itineraries.

Parents are not allowed inside the rehearsal space. Performances will be identified as an open or closed performance in which the public is or is not able to view the performances. Company management will identify the viewing policy per each performance in the performance itinerary.
PARKING

Dr. Phillips Center does not provide or validate parking for company members or families. Parking is available at the Orange County Administrative Garage, for an hourly rate of $2.00. On show nights, company members/parent/guardians parking in the Orange County Administrative Garage will have to show parking pass to receive a ticket at the standard hourly rate. Company members who are driving should account for 10–15 minutes to park and walk to the Dr. Phillips Center. Members should not walk alone to and from the parking areas and should always use the crosswalks.

Area street parking becomes free after 6:00 p.m. See attached map on page 15.

Dr. Phillips Center may provide accessibility parking for qualifying individuals who have a handicapped decal.

Accessibility parking is located in the Anderson Street pull-off and, if approved, a sign with your name is placed at the curb 15 minutes prior to class through 15 minutes after class. Please notify company management if you need this service.

DIRECTIONS TO THE SCHOOL OF THE ARTS & DROP-OFF/PICK-UP

The Four Counts rehearsals are held in the Dr. Phillips Center AdventHealth School of the Arts. Located at 155 East Anderson Street, there is a pull-off that accommodates about 5 cars for drop-off and pickup.

This pull-off is designated for cars to stand up to 5 minutes. This pull-off is only for quick and easy drop-off and pick-up. It can only be accessed when heading west on Anderson Street. No U-turn is allowed heading east on Anderson Street at Magnolia Avenue.

TRAVELING WEST ON 408
- Take exit 11A
- Turn left onto East South Street
- Turn left onto South Orange Avenue, which will veer right to Lucerne Circle West
- Turn left onto South Orange Avenue, then veer right onto South Rosalind Avenue
- Turn left onto East Anderson Street
- The pull-off will be on your right

TRAVELING EAST ON 408
- Take exit 10B
- Continue onto North Lucerne Circle East, which will turn into South Lucerne Circle East
- Turn right onto Rosalind Avenue
- Turn left onto East Anderson Street
- The pull-off will be on your right

TRAVELING WEST ON I–4
- Take exit 82B for Anderson Street
- Turn right onto West Anderson Street
- Take an immediate left onto South Division Avenue
- Turn left onto East Gore Street
- Turn left onto South Orange Avenue, then veer right onto South Rosalind Avenue
- Turn left onto West Anderson Street
- The pull-off will be on your right

TRAVELING EAST ON I–4
- Take exit 81BC toward Kaley Avenue
- Turn right onto West Kaley Street
- Turn left onto South Orange Avenue
- Veer right onto South Rosalind Avenue
- Turn left onto East Anderson Street
- The pull-off will be on your right
handbook agreement form

By signing this document, you agree that both company member and parent/guardian have read the entirety of this document and the attached materials. You agree with our terms and conditions within these documents. Infringement of any terms and conditions can result in dismissal from The Four Counts.

PLEASE SIGN

__________________________________________
student name (please print)

__________________________________________
student signature    date

__________________________________________
parent/guardian name (please print)

__________________________________________
parent/guardian signature    date
class order form 19/20

semester
fall          winter          spring          summer

contact information

student name  student date of birth

t-shirt size (XS–XXL) specify youth or adult

parent/guardian name

billing address

city  state  zip code

contact phone (mandatory)  contact email (mandatory)

method of payment

Will you be paying monthly tuition or full tuition?  monthly*  full

check**  credit card  call me for credit card information

type of card:  Visa  Mastercard  Discover  American Express

name that appears on credit card

credit card number  expiration date

CVC (3-digit number on back of card)  billing zip code

* If paying monthly, email classes@drphillipscenter.org. Monthly payments are due on the first business day of each month. Cash is not accepted.
** Make payable to Dr. Phillips Center for the Performing Arts. Not valid for monthly payment plans.
class order form

<table>
<thead>
<tr>
<th>class name</th>
<th>course #</th>
<th>semester or monthly tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

please sign

I have read the 19/20 AdventHealth School of the Arts at Dr. Phillips Center policies and procedures and agree to attend the class(es) noted above.

1. I understand I will not be refunded this tuition payment unless my class is cancelled.
2. I understand I am making a commitment to attend all or most classes.
3. I am above 18 years old or my parent/guardian consents to my order.
4. I will read the student handbook, adhere to those rules and complete all additional paperwork on or before my first class.
5. The information in this application is correct to the best of my knowledge.
6. I understand all sales are final.

________________________
student name (or parent/guardian, if minor) please print

________________________
student signature (or parent/guardian, if minor)

________________________
date

---

application checklist

- complete & sign order form
- include method of payment
- monthly payment agreement (if applicable)
- confidentiality agreement
- emergency contact
- liability release
- medical release

If you have any questions, call 407.455.5551 or email classes@drphillipscenter.org.
Dr. Phillips Center for the Performing Arts offers an option of paying tuition in installments, rather than full payment at the time of registration. Total cost of class is divided into five to nine monthly installments. Payment is charged on the first of the month starting September 2019 through May 2020.

Dr. Phillips Center upholds a no-refund policy for classes. In the event that a class student no longer wants to continue with class, they are still fiscally responsible for the full tuition for that class, unless placed in a different class.

I understand that by signing this form, I ____________________________ am committing to full payment for the class/classes that I have registered myself or dependent in. I agree that if I stop making my agreed upon monthly payment, Dr. Phillips Center has the right to charge my credit card the remaining balance that is due.

please sign

student signature (or parent/guardian, if minor) ____________________________ date __________

type of card: visa mastercard discover american express

name that appears on credit card ____________________________

credit card number ____________________________ expiration date __________

cvc (3-digit number on back of card) ____________________________ billing zip code ________
emergency contact form

**student name**

**emergency phone numbers (in order of who to call first)**

1. parent/guardian name   phone number

2. parent/guardian name   phone number

additional emergency contact   phone number

relationship

Can this person pick up your child?   ☐ yes   ☐ no

List any other individuals that have your permission to pick up your child, with their phone numbers:

name

name

please sign

student signature (or parent/guardian, if minor)   date
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 & 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 Dr. Phillips Center from any and all costs, claims, injury or illness resulting from my child’s participation in the program. I agree that neither 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 Dr. Phillips Center 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 Dr. Phillips Center and their respective employees, independent contractors, directors and/or officers from any and all legal or financial claims.

media release
Students are sometimes photographed and videotaped for use in Dr. Phillips Center for the Performing Arts promotional and educational materials. I authorize Dr. Phillips Center to record the image and voice of the subject named below and give Dr. Phillips Center and all persons or entities acting pursuant to 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

student name (please print)

student signature (or parent/guardian, if minor)    date
medical release form

student name

birthdate mm/dd/yyyy

Do you or your child have allergies? (please list)

If so, specify any special instructions for allergic reactions.

Do you or your child have any other medical conditions, physical ailments or psychological adjustments that the instructors should know about? (please explain)

Is the student on any medication?

(name) (reason)

If medication is taken during class hours, please clearly label it and include a note with instructions.

primary care physician

name of medical insurance policy number

In case of emergency, I prefer my child is taken to this hospital:

☐ Check here for no preference on nearest hospital

please sign

student signature (or parent/guardian, if minor) date
This waiver is optional for ages 13+.

☐ I agree that my student is 13 years or older and I am allowing them to sign themselves in and out of classes.

☐ I agree that my student is 16 years or older and I am allowing them to sign themselves in and out of classes and walk themselves to and from their parking spot.

By signing this form I, ___________________________ (parent/guardian), of ___________________________ (student), understand that Dr. Phillips Center for the Performing Arts does not have liability or responsibility of my student outside the hours of their class time. I agree to let my student sign themselves in and out of classes.

please sign

__________________________
student name (please print)

__________________________
student signature

__________________________
parent/guardian name (please print)

__________________________
parent/guardian signature

__________________________
date
CONFIDENTIALITY AGREEMENT

This is an Agreement between ________________________________ (“Individual”), and the Dr. Phillips Center for the Performing Arts (“Dr. Phillips Center”), with its primary offices at 155 East Anderson Street, Orlando, FL 32801, in which you agree not to disclose trade secrets or other confidential information belonging to Dr. Phillips Center or its related affiliations, and made available to him/her for any reason whatsoever.

In consideration of the information provided, you agree to keep all Confidential Information, (whether communicated in writing or orally) including but not limited to all trade secrets and/or proprietary information, business development concepts, customer, project and prospect lists, and all financial information (including donor, sponsorships, and any and all financial information) in strict confidence and to take all reasonable precautions against disclosure of same. In addition, you agree that you will not utilize the Confidential Information or trade secrets of Dr. Phillips Center, either directly or indirectly, for any purpose whatsoever.

You also agree not to post, comment on, or release any confidential or proprietary information through any social media outlets without written permission or acknowledgment of appropriate leadership of Dr. Phillips Center.

The restrictions herein shall not apply to any information which (1) is or becomes publicly available through no fault of Recipient; (2) is lawfully received from a third party not bound in a confidential agreement with Dr. Phillips Center other than counsel or accountant; or (3) is explicitly approved for release by Dr. Phillips Center.

The restrictions imposed herein shall not apply to the disclosure of Confidential Information:

1. which is now in, or hereafter comes into the public domain other than by your breach of this agreement;
2. which is required by law to be disclosed to any person who is authorized by law to receive the same; or
3. to a court, arbitrator or administrative tribunal in the course of proceedings before it to which the Individual is a party in a case where such disclosure is required by such proceedings.

Acknowledgement

Signing below you signify that you agree to the terms and conditions of the agreement stated above.

This Agreement is executed by the signature below this __________ day of ____________________ by:

__________________________
Signature

__________________________
Print Name

Dr. Phillips Center for the Performing Arts  e. classes@drphillipscenter.org
155 East Anderson Street  p. 407.455.5551
Orlando, Florida 32801