

# Sisbarro

ACTING STUDIO



## Performing Arts Club

*Starting*

SEPTEMBER 4th

*at*

MICMS  
Lunch Room

*Meeting Every Thursday*

After School from 3:15pm – 5:15pm

Grades 6 – 8 • No Experience Necessary

Club Fee \$15.00/month • Semester Fee \$55.00

September-December • January-April

Register at MICMS during meeting  
(Make checks out to Sisbarro Enterprise)

Students will be taught elements of performing arts with weekly activities and acting projects to foster their imagination and sharpen their performance skills. The end of each semester will be a **Cabaret** for parents and students where club members will perform musical numbers or monologues. Members will have the opportunity to meet and interact with performers from Sisbarro Acting Studio, many who are MICMS graduates!

Don't become a  
piece of the scenery,  
*be a part of the show!*

Your Director - **Gina Sisbarro**,  
Owner and Operator of Sisbarro  
Acting Studio and Marco Mystery  
and History 2018 "Artist of the Year"  
Marco Island Foundation for the Arts.  
Director on Marco Island for over 30  
years. Playwright of "Men of  
Rushmore and Their Wives",  
"Battlefield of Brotherhood" and  
"Jersey Fried Tomatoes".





# Performing Arts Club Registration & Release

Club Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Phone: Emergency Phone: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

Medical Conditions (Please list any allergies or conditions such as Diabetes, ADD/ADHD, Asthma or any conditions that will require prompt medical attention.)

Medical Alert: \_\_\_\_\_

**Release:** I parent or guardian, hereby give approval for my child to attend the Performing Arts Club at Marco Island Charter Middle School and relieve the Performance Art Camp, MICMS and all affiliated staff and volunteers of all liability for sickness, accidents, and injuries while attending the club.

In the event of an emergency I give the club director the authorization to take the necessary actions on site to attend to the club member. Parent, guardian or emergency contact will be notified immediately for medical attention outside of the normal cut/bruise for instruction. Life threatening will be an automatic call to 911.

I give permission to use pictures/videos of my child for the purpose of promoting the camp experience.

\_\_\_\_\_  
Parent or Legal Guardian (please print name)

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date