



Manifest-N Our Destiny

Performing Arts Troupe

Stand & Deliver: Theater in the Park

Explore real life scenarios or use your wildest imagination to develop acting skills through skits, improvisation and comedy.

**Sessions are offered on Fridays 5:30 - 6:30 p.m.
Beginning February 5th thru April 30th, 2010**

Ages 7-17 • 4 Sessions Each Month
[No class during Spring Break on April 9, 2010]

Cost: \$30 per month

Instructors: Carolyn Taylor, Producer and Playwright
of C. Taylor Productions and
Maryann Locklin - HCEM, Inc. and C.H.A.S.E.

**PROGRAM LOCATION: Felker Park Community Center,
305 Community Court, Monroe, GA 30655**
[Next to Felker Park and Stephenson Boys & Girls Club]

Registration begins January 15, 2010

Please make checks payable to "Walton County Board of
Commissioners." If paying by cash, please bring exact amount.

To register or for more information, please contact
Mrs. Locklin: (770) 266-0912, Fax: (770) 266-0914 or
E-mail: HICMinistries@aol.com.

HCEM, Inc. is a 501(c)(3) non-profit organization.

*Our ministry seeks to provide young people with opportunities to not only
reach their potential, but ultimately EXCEED IT!!*



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Stand & Deliver: Theater in the Park

Dear Parent/Guardian:

We are excited about another season at the Felker Community Center located at 305 Community Court in Monroe, GA (next door to the Boys & Girls Club and across from Felker Park). We would like to invite youth to share in manifesting our vision for an AWESOME performing arts venue in our community. We are looking forward to continuing a fabulous collaboration with local playwright, director and producer, Ms. Carolyn Taylor of C.Taylor Productions to provide a performing arts experience never before offered in Walton County.

Stand & Deliver: Theater in the Park was one of our most successful youth programs in Fall 2009 and we look forward to continuing to provide an awesome drama experience for each child. Ms. Taylor has produced plays such as "Men on Fire", "Dealing with My Past" and "Sweet Mama". Our students are scheduled to perform in her next creation this season. Sessions will be offered on Friday evenings beginning February 5, 2010 from 5:30 to 6:30 p.m. Sessions will run through April 30, 2010, however there will be no session on April 9th due to Walton County Schools spring break.

The cost for each class is \$30 per month (4 sessions) per child. If paying by check, please make check out to "Walton County BOC" and in the memo write "Stand & Deliver" along with your child's name. The county has also requested that you write your driver's license number along with your date of birth in the top portion or your check otherwise they will not accept it.

Space is limited so register early. Spaces will be filled on a first come, first served basis. We will be accepting registration until all spaces are filled. There are no class make-ups. Failure to attend will forfeit the fees paid for the class. Participants should dress casual and comfortable for each session. Please ensure that your child arrives on time and is picked up promptly afterwards. We respectfully request that parents not remain in the class during the sessions, however you are welcomed to remain in the building. Children tend to be more expressive when they are given the liberty to explore, identify, develop and exercise their strengths and weaknesses.

Certificates will be distributed to every child who participates and awards will be given to the children who exhibit exemplary professionalism, performance, practice and/or contribution to the troupe. We strive to share, grow, and teach each child so that they will each have an opportunity to not only reach their potential, but **ultimately exceed it!** We look forward to serving you and your family and making this season a memorable one.

We want to share our love of the arts not only for the fun, discipline and experience it provides, but we also hope that it will open windows of opportunity for talented area youth to exhibit their gifts and talents. We strive to provide a neighborhood arts program that is fun, rewarding, challenging and affordable. We hope your child(ren) will join us!

To register:
*please complete the attached registration form and return **ALONG WITH PAYMENT** to*
HCEM, Inc., P.O. Box 12, Monroe GA 30655-0012
Any questions? please contact Maryann Locklin at (770) 266-0912 or email
HICMinistries@aol.com

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PLEASE PRINT CLEARLY

Child's Name: _____ Girl or Boy

Birth Date: (mo/day/yr) _____ Age: _____ Grade just completed: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please list two EMERGENCY NAMES and PHONE NUMBERS for HCEM volunteers to call if you cannot be reached. Please be sure these people know they are your emergency contacts.

Name _____ Number _____

Name _____ Number _____

Please note that if your child becomes ill or has an emergency, HCEM volunteers will notify you promptly so that you may pick up your child immediately.

Registration for: _____ Stand & Deliver _____ 02/10 _____ 03/10 _____ 04/10

Emergency and Medical Information

1. Does your child have any ALLERGIES (food, insects, etc.)? _____ If so, please
Explain _____
If your child has any food allergies, you will need to provide their snack each day.

2. Does your child have any medical problems which we should be aware? _____
If so, please
explain _____

3. Has child been hospitalized or had operations, serious injuries, fractures, etc. in the past five years?
_____ No _____ Yes (Give dates and details):

4. Does child have any chronic or recurring illnesses or conditions?
_____ No _____ Yes (Give details):

5. Should any activities be limited?
_____ No _____ Yes (Give details):

6. Current medication(s) _____ No _____ Yes (Give details):

Name of authorized ADULT who will be picking up your child from the workshop.

Please provide written notice if someone different will be picking up your child. Personal Identification will be required.

_____ **There are no make up sessions. Failure to attend shall forfeit fees paid for session.**
initial

_____ **I give permission to HCEM, Inc. to use any photos or videos taken of my child for promotional purposes only.**

Waiver: Please read carefully, complete form and sign bottom of form to incorporate each authorization below:

I, (Print Name) _____, hereby agree to all policies and conditions stated in this class offering flyer and I further agree to save and hold harmless HCEM, Inc. including all officers, members of the board of directors, any of its employees, contract instructors and volunteers in the event of personal injury or damage to my child/ren caused by negligence or other acts while participating in any classes. I further release and agree to fully indemnify HCEM, Inc. and including all officers, members of the board of directors any of its employees, contract instructors and volunteers from any and all liability. I assume all risks and hazards incidental to the conduct of activities and transportation to and from HCEM, Inc. activities. I understand health or accident insurance that would cover my medical, hospital or related expenses in the event of injury in this activity is my responsibility. I understand HCEM strongly recommends that if I do not have sufficient insurance to cover such incidents that I should take the necessary action to obtain such insurance before participation in any class or workshop.

Parent/ Guardian Signature _____ Date _____

Parent's Authorization in an Emergency

As the parent/guardian, I authorize _____, to attend and participate in prescribed HCEM, Inc. activities outlined below. I give permission to the Director of HCEM, Inc. and any other designated staff or volunteer to administer first aid and in the event of an emergency, to secure a physician for any medical or surgical treatment needed for my child. I understand that a conscientious effort will be made to locate me before action is taken. I understand and accept that this expense will be my responsibility. I understand that it is my responsibility to carry primary accident insurance

Parent/ Guardian Signature _____ Date _____