

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

E-mail: _____ Vocal part: _____

School: _____ Grade Level: _____

Please submit your application with the following materials:**Required Forms**

Medical Release Form

Parental Release Form

Permission to Photograph/Record Form

Cover Letter (1-2 pages)

Your cover letter should address the following points:

1. What do you hope to gain from participating in the High School Apprentice Program?
2. Describe your prior experiences, if any, with music and/or theatre, both on and offstage.
3. What are your future education and/or career plans?
4. What fields of music and/or theatre (performance, management, lighting, costumes, etc.) do you want to pursue most and why?

Background and Experience

Please attach a résumé highlighting your music and/or theatre background. Include the following information:

1. Current and previous music and/or theatre activities, in and out of school.
2. Awards and special recognition.
3. Relevant coursework and other skills.

Submit Application by September 25, 2017

Mail, e-mail, or fax your completed application to:

Salvatore S. Vasta III | Artistic Manager

Madison Opera | 335 W. Mifflin St. | Madison, WI 53703

vasta@madisonopera.org | Fax: 608.233.3431 | Phone: 608.238.8085



MADISON OPERA

High School Apprenticeship Program | 2017-18 Season

Medical Release Form

Apprentice Name: _____ Date of Birth: _____

Address: _____ City/State/Zip _____

Phone: _____ Email: _____

Emergency Contact Information

Name: _____ Relationship: _____

Cell Ph: _____ Alt. Phone: _____ Email: _____

Name: _____ Relationship: _____

Cell Ph: _____ Alt. Phone: _____ Email: _____

Physician's Name: _____ Phone: _____

Medical Conditions we should know about (including food/drug allergies):

Medications being taken:

Other information:

I, _____, hereby give permission for Madison Opera staff to
print name
administer medical treatment and/or transport _____ to a local hospital in
print apprentice name
the event of any accident, injury or sickness.

Parent/Guardian signature

Date



MADISON OPERA

High School Apprentice Program | 2017-18 Season

Consent and Release

We, the undersigned _____ and _____ consent to
(Parent/Guardian) *(Apprentice)*

participate in the Madison Opera High School Apprentice Program. We release and discharge Madison

Opera and all of its employees, agents, volunteers, and any other persons or organizations (the "Releasees")

associated with the High School Apprentice Program from any and all claims, rights of action and causes

of action for damages of any nature we may have, both compensatory and punitive, which arise out of

_____ 's participation in the High School Apprentice Program. This includes
(Apprentice)

damages or losses that are caused by, and arise out of, the negligence of the Releasees.

We have read this Consent and Release. It is intended to be a prospective waiver of all claims of any nature

we may have against those released. By signing this Consent and Release, we have full knowledge that the

Releasees will not be liable to us, nor will we be compensated, for personal injuries or any other damages

sustained while participating in the Program.

(Parent/Guardian signature)

(Date)

(Apprentice)

(Date)

(Date of Birth)



Permission to Photograph/Record

I, _____, give permission for _____ to be
(Parent/Guardian) *(Apprentice)*
photographed and/or recorded as a participant in Madison Opera's High School Apprenticeship Program,
and for said photographs/recordings to be used to promote Madison Opera.

(Parent/Guardian signature)

(Date)

(Apprentice)

(Date)

(Date of Birth)

I, _____, **decline** permission for _____ to be
(Parent/Guardian) *(Apprentice)*
photographed and/or recorded as a participant in Madison Opera's High School Apprenticeship Program.

(Parent/Guardian signature)

(Date)