

Living Newspaper Summer Youth Performance Troupe
July 6th - August 7th, 2009
9am -12:30pm, Monday - Friday

What : The Living Newspaper Summer Youth Performance Troupe is an exciting five-week summer program, offered in conjunction with the Bob Bullock Texas State History Museum and the Theatre Action Project (TAP), during which Troupe Members will research, write, stage, and perform their own Living Newspaper in conjunction with the Museum's upcoming exhibit *Forgotten Gateway: Coming to America Through Galveston Island*. **Troupe Members will be paid for their time and creative work.**

Where: The five-week research, scripting, and embodiment process will take place on the UT campus, with regular visits to the Bullock Museum for research with their primary source materials. Performances will take place in the Bullock Museum.

When: May 22nd: Applications Due
After May 22nd: Notification of Troupe Member Selection
July 6th – August 7th: Research, Scripting, Workshops, Rehearsals (M - F, 9am-12:30pm)
Early August: Performances, Dates TBD

Why: Troupe Members will receive personalized instruction and guidance from advanced UT Ph.D. students and area Theatre professionals who are specially trained and experienced in directing Living Newspaper research, scriptwriting, and performance. Additionally, Members will be paid a stipend for their participation in the project.

Who: Troupe members will be high-achieving students drawn from Central Texas high schools and middle schools. At least fifty percent of the Troupe membership must qualify as low-income as determined by eligibility for free or reduced lunches. High achievement will be determined based on an application, essay, and a teacher recommendation.

No performance, human rights or immigration knowledge will be required for admittance to the Living Newspaper Summer Youth Performance Troupe—just a willingness to take risks, work collaboratively, and passionately share the information uncovered.

Background: The Living Newspaper Summer Youth Performance Troupe revives the Depression-era Living Newspapers of the Federal Theatre Project as a way to cultivate an interest in public affairs and active civic participation among middle school and high school students. The Living Newspaper Summer Youth Performance Troupe will combine research on current and historical immigration issues, critical and creative writing, and public performance, at once offering students important academic and performance skills and a greater ability and motivation to understand and affect the world around them.



HRC Suite 3.350/Mail F1900
PO Box 7219
University of Texas at Austin
Austin, TX 78713-7219

**Living Newspaper Summer Youth Performance Troupe
FORMAL APPLICATION 2009
Due by May 22nd, 2009**

SEND PAPERWORK BY:

1. Email to livingnews@humanitiesinstitute.utexas.edu as scanned attachments, or
2. Fax to (512) 475-9107, or
3. US Mail to the address below:

Tessa Farmer
Humanities Institute
PO Box 7219, University Station
Austin, TX 78713-7219

Name: _____ Date of birth: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip)

Phone: _____ Email: _____

MALE FEMALE

What school do you attend? _____ Grade in Fall 09: _____

How did you find out about this program? _____

Do you qualify for the Free/Reduced Lunch Program? YES NO

Are you a United States Citizen? YES NO

Ethnic Background: _____ Language(s) Spoken at Home: _____

Mother's Name: _____

Place of Work: _____ Phone: _____

Highest Grade Completed: _____

Father's Name: _____

Place of Work: _____ Phone: _____

Highest Grade Completed: _____

Please answer the following questions so we can get to know you better...

1) What is/are your favorite subject/s at school?

2) What words best describe you? (list up to five)

3) What do you do in your spare time?

4) What are your plans after high school?

5) Do you have personal or family experiences with immigration? If so, please describe.

6) Are you willing to commit to attending every day of the five-week summer training and all of the fall performances? Yes No

Student Signature: _____ **Date:** _____

7) Please list the name, affiliation, and contact information for the individual who will be writing a letter of recommendation for you (this could be a teacher you have had for class or worked with in a school organization, an employer, or your direct supervisor in a community or volunteer organization where you have worked):

Full Name: _____ School or Organization: _____

Phone Number: _____ Email address: _____

(Please give your recommender the included recommendation form)

ESSAY: Please write an essay of 500 words answering the following questions: What makes you a good candidate for the LN Summer Youth Performance Troupe? What do you hope to learn in the LN Summer Youth Performance Troupe? Do you have experience in Theatre, or knowledge of Human Rights or Immigration issues? (Please continue on the back of the form or attach additional pages as necessary).

Student Name: _____ Age: _____ Date of birth: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

School: _____ Fall 2009 Grade: _____

Mother's Name: _____

Place of Work: _____ Phone: _____

Father's Name: _____

Place of Work: _____ Phone: _____

Emergency Contacts:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Phone</u>
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1. _____

2. _____

RELEASE & INDEMNIFICATION AGREEMENT FOR MINORS

I am the Parent/Guardian of the above named Student, who is under eighteen years of age and I am fully competent to sign this agreement. I give permission for Student to participate in the above-referenced Activity/Trip. I acknowledge that the nature of the Activity/Trip may expose Student to hazards or risks that may result in Student's illness, personal injury, or death. I understand and appreciate the nature of such hazards and risks. In consideration of Student being permitted to participate in the Activity/Trip, I hereby accept all risk to Student's health and of her/his injury or death that may result from such participation. I hereby release The University of Texas at Austin, the Bob Bullock Texas State History Museum, the Theatre Action Project, their governing boards, officers, employees, and representatives from any and all liability to Student, Student's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss or damage to Student's property and for any/all illness or injury to Student's person, including her/his death, that may result from or occur during Student's participation in the Activity/Trip, whether caused by negligence of The University of Texas at Austin, the Bob Bullock Texas State History Museum, the Theatre Action Project, their governing boards, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Texas at Austin, the Bob Bullock Texas State History Museum, the Theatre Action Project and their governing boards, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Student's negligence or intentional act or omission while participating in the described Activity/Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR STUDENT'S INJURY OR DEATH OR DAMAGE TO THE STUDENT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY/TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON(S) AND DAMAGE TO PROPERTY CAUSED BY STUDENT'S NEGLIGENCE OR INTENTIONAL ACT OF OMISSION.

Printed Name:

Parent/Guardian Signature:

Date:

ACUERDO DEL AUTORIZACIÓN Y DE LA INDEMNIZACIÓN PARA LOS MENORES DE EDAD

Soy el padre/guardián del estudiante mencionado, que es menor de dieciocho años de edad y estoy plenamente competente para firmar este acuerdo. Yo doy permiso para que el estudiante participe en la actividad/viaje que esta antes mencionado. Reconozco que el tipo de actividad/viaje puede exponer al estudiante a peligros o riesgos que puede resultar en enfermedad, lesiones corporales o muerte. Comprendo y aprecio la naturaleza de tal riesgo y peligros. En el caso que el estudiante esta autorizado a participar en la activada/viaje, acepto todos los riesgos contra la salud, lesión o muerte del estudiante que pueda resultar de dicha participación. Por lo presente despacho a la Universidad de Texas en Austin, the Bob Bullock Texas State History Museum, the Theatre Action Project, su consejo de administraciones, funcionarios, empleados y representantes de cualquier y toda responsabilidad con el estudiante, los representantes personales del estudiante, inmobiliarios, herederos, parientes mas próximos, asigna para cualquier y todas las reclamaciones y causas de acción por la perdida o daños a la propiedad del estudiante y para todos o algún enfermedad o lesión a la persona del estudiante, incluyendo su muerte, que puede ser el resultado de o que se producen durante la participación del estudiante en la actividad/viaje, si causados por negligencia de la Universidad de Texas en Austin, the Bob Bullock Texas State History Museum, the Theatre Action Project, su consejo de administraciones, funcionarios, empleados o representantes, o de otro tipo. Además, comprometo a indemnizar y eximir la Universidad de Texas en Austin, the Bob Bullock Texas State History Museum, the Theatre Action Project, su consejo de administraciones, funcionarios, empleados y representantes de la responsabilidad por la lesión o muerte de cualquier persona(s) y daños a propiedad que puede derivarse de la negligencia del estudiante o acto u omisión intencional mientras en la participación del dicho actividad/viaje.

HE LEIDO CUIDADOSAMENTE ESTE ACUERDO Y ENTIENDO QUE SE TRATA DE UNA LIBERACION DE TODAS LAS RECLAMACIONES Y LAS CAUSAS DE ACCION DE LESION OR MUERTE DEL ESTUDIANTE O DAÑOS A LA PROPIEDAD DEL ESTUDIANTE QUE SE PUEDA PRODUCIR DURANTE PARTICIPACION EN EL ACTIVIDAD/VIAJE Y ME OBLIGA A INDEMNIZAR A LAR PARTES NOMBRADAS DE CUALQUIER RESPONSABILIDAD POR LESIONES O MUERTE DE CUALQUIER PERSONA(S) Y DAÑOS A LA PROPIEDAD CAUSADOS POR LA NEGLIGENCIA O ACTO INTENCIONAL DE OMISION DEL ESTUDIANTE..

Nombre: _____

Firma Del Padre/Guardián: _____

Fecha: _____

EMERGENCY & MEDICAL INFORMATION

Student Name:

School:

In case of an accident, injury, or illness, I hereby authorize you to arrange for emergency medical care and to notify the emergency contact person named below:

Name: _____

Address: _____

Phone: _____ **Alternate Phone:** _____

Does the student have current medical insurance? YES NO

Insurance Carrier: _____ Policy Number: _____

Personal illness claims must be covered under personal health insurance or MEDICAID. The Living Newspaper Summer Youth Performance Troupe provides limited liability coverage for accidents that occur during the event only. Please contact us directly if you have a question about insurance.

List by name, purpose, and quantity, all medications that will be accompanying the student:

List any food or drug allergies (including reactions):

List any dietary needs (including vegetarian):

List any other special needs the supervising adults need to be aware of:

I understand that the faculty, staff, and representatives of the University, the Bob Bullock Texas State History Museum, and the Theatre Action Project are not responsible for the administration of any medication and will not provide any medication outside of the standard First Aid kit that accompanies the trip. I will provide my child with any medication he/she may need to use on a daily or weekly basis.

Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

All information will be kept in strict confidence and used only in a manner consistent with the regulations of The University of Texas at Austin and the Living Newspaper Summer Youth Performance Troupe.

EMERGENCIA Y INFORMACIÓN MÉDICA

Nombre Del Estudiante:

Escuela:

En el caso de un accidente, lesión o enfermedad, autorizo a usted que organizó atención médica y que notifique a la persona de contacto de emergencia nombrada abajo:

Nombre: _____

Dirección: _____

Teléfono: _____ **Teléfono Alternativo:** _____

¿El estudiante tiene seguro médico actual? SÍ NO

Nombre de su seguro médico personal: _____ Número de Póliz: _____

Reclamaciones de enfermedad personal deberán ser cubiertas por su seguro médico personal o MEDICAID. The Living Newspaper Summer Youth Performance Troupe proporcionara la cobertura de responsabilidad limitada en caso de accidentes durante el evento. Por favor póngase en contacto directamente con nosotros si tiene alguna pregunta acerca de los seguros.

De una lista por nombre, propósito, y cantidad, de todas las medicaciones que acompañarán a estudiante:

De una lista de cualquier alergia de alimento o de droga (incluyendo reacciones):

De una lista de cualquier necesidad dietética (incluyendo vegetariano):

De una lista de cualquier otra necesidad especial de la cual los adultos supervisores necesiten estar enterados:

Entiendo que la facultad, el personal, y los representantes de la universidad, the Bob Bullock Texas State History Museum, the Theatre Action Project no son responsables de la administración de ninguna medicación y no proporcionarán ninguna medicación fuera del botiquín de primeros auxilios que acompaña el viaje. Proveeré a mi niño cualquier medicación que puedan necesitar para utilizar sobre una base diaria o semanal.

Nombre: _____

Firma De Padre/Guardián: _____

Fecha: _____

Toda la información se mantendrá en estricta confidencialidad y será utilizada exclusivamente en una forma compatible con los estatutos de la Universidad de Texas en Austin y la programa Living Newspaper Summer Youth Performance Troupe.