



# FALL 2017 Theatre Academy

## CLASS Registration

September 9 – December 9, 2017 (13 weeks)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
 School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of September 9, 2017) \_\_\_\_  
 Street Address \_\_\_\_\_  
 Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

Previous ATA student? \_\_\_\_\_

### Parent/Guardian - Contact Information

#### Parent/Guardian

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_

### Emergency Contact Information – Alternate Pickup/Release

#### Emergency Contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

### TUITION INFORMATION (please select classes) –

Crowd Pleasers (3-5) \$75 \_\_\_\_\_ Curtains Rising (5-7) \$85 SAT \_\_\_\_\_ WEDS \_\_\_\_\_ Set the Stage (8-12) \$100 SAT \_\_\_\_\_ WEDS \_\_\_\_\_  
 Musical Theatre Dance (8-13) \$115 \_\_\_\_\_ In the spotlight (12-17) \$125 \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO THE INK PEOPLE (Memo: Allstar Theatre)**

Siblings 10% discount available

Please circle how you heard about the Allstar Theatre Arts Fall classes. (circle one)

After School Program    Website    School \_\_\_\_\_    Word of Mouth    Flyer    Other \_\_\_\_\_

### Terms of Agreement

#### Photo Release

I hereby give permission for my child to be photographed during the Allstar Theatre Arts classes. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Allstar Theatre Arts and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

#### Waiver and Release

I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance All Star Theatre Arts and Ink People center for the arts, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

**Parental Consent** (Complete if applicant is under 18) I give consent for my child \_\_\_\_\_ to participate in the above activities, and I execute the above liability release on their behalf.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

**Medical Release Information**

Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that the All Star Theatre Arts or its All Star Theatre Arts Summer Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_