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| Pmt Method: \_\_\_\_\_\_\_\_\_\_\_\_\_  Office Use Only |

Theater at Latitude 58

Youth Registration Form

Intro to Theater Workshop Fall 2019

Student’s Name:

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_\_\_ Female\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_\_\_

\_\_\_\_\_New Student or \_\_\_\_\_Returning Student Student’s email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attending Siblings:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_

Phone (Home):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Theater at Latitude 58? \_\_\_\_\_Friend \_\_\_\_\_Flyer \_\_\_\_\_Web Site\_\_\_\_\_ Other

Does your child have any special needs we should know about?

**Tuition - $100 (includes one student ticket to Newsies)**

**Scholarship applications are available upon request**

Payment in full is expected at orientation or prior to first lesson, unless other arrangements are made in advance. Please contact theateratlatitude58@gmail.com if alternate payment arrangements are necessary. ***Make checks payable to Theater at Latitude 58 or TAL58***. **NO REFUNDS OR MAKEUPS FOR MISSED CLASSES.**

**I HAVE READ AND UNDERSTAND/AGREE WITH THE POLICIES PUT FORTH BY THEATER AT LATITUDE 58 IN THIS REGISTRATION FORM AND THE ATTACHED POLICIES AND GUIDELINES DOCUMENT.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Medical Form**

**PART ONE: Authorization to Seek Medical Treatment**

I, the undersigned, do hereby authorize representatives of Theater at Latitude 58 to serve as agents

for the undersigned to consent to an X-ray exam, anesthetic, medical examinations, diagnosis, medical treatment, and hospital care which is deemed advisable by and is rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act or the medical staff of any hospital licensed by the state of Alaska whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or some other site. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment and hospital care which the aforementioned physician is the exercise of their best judgment may deem necessary.

Student’s Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART TWO: Emergency Contacts** (Please list parents/guardians first)

Name Day Phone Evening Phone Relationship

Parent/Guardian 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy holder name and phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there any other problems of which our staff should be aware? Please share pertinent**

**Information with us. We will keep all information confidential**.

**Release Form**

This Letter of advisory/waiver and release concerns the auditioning, rehearsing of, performance of, and/or working on any pre- or post-production activity in connection with plays, musicals, classes, or theatrical events or productions on behalf of Theater at Latitude 58. Such activity will hereafter be referred to as THEATRE ACTIVITY. In that, I may be involved in multiple activities over a long period of time, I agree that such warnings and releases contained herein are acknowledged and granted in perpetuity. I have been advised that there is inherent risk in THEATRE ACTIVITY, which concerns the ability to move about the rehearsal and performance space safely.

Because I understand that these risks exist, I realize that I must be ever vigilant to ensure my own safety in my movement about the rehearsal and performance space. Such vigilance includes but is not limited to checking the work area before the THEATRE ACTIVITY and being aware of my changing surroundings as the play and/or musical progresses through rehearsals and performances.

Finally, I understand that Theater at Latitude 58 may photograph, film, tape or record me for publicity, documentation, or sales purposes, and that by signing this release form I give them full permission and waive all copyright and future considerations.

Student’s Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature

Parent’s Signature