



Spring 2022 Theatre Academy

CLASS Registration

March 5th– May 14th

First _____ Middle _____ Last _____ Gender: Male ___ Female ___ Other ___

School Name _____ Grade _____ Birth date ____/____/____ Age (as of September 1, 2021) _____

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) \$80 ___ Curtains Rising (5-7) \$100 SAT ___ WEDS ___ Set the Stage I (8-12) \$125 SAT ___ Set the Stage II \$125 WEDS ___
Beg. Theatre Movement \$80 ___ Tiny Tappers \$80 ___ Both \$140 ___ M.T. Dance Styles (10-15) \$100 ___ Bigger Tappers \$80 ___ Both \$160 ___
ATA Dance Team* (13-18) (6months) \$120 ___ Juniors* (6months) \$120 ___ Allstar* (6months) \$200 ___

PLEASE MAKE CHECKS PAYABLE TO THE INK PEOPLE

Multi-class discount for individual or within immediate family

2-10% off 3 or more-15% off

No refunds issued after the third week of classes

Please circle how you heard about the Allstar Theatre Arts Spring 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.

(Please turn over)

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 _____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Allstar Theatre Arts (ATA) has put in place preventative measures to reduce the spread of COVID-19; however, ATA cannot guarantee that you or your child (ren) will not become infected with COVID-19. Further, attending ATA could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending ATA and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at ATA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ATA employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at ATA events or participation in ATA classes or camps. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Allstar Theatre Arts and/or Ink People Center for the Arts of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Allstar Theatre Arts and/or Ink People Center for the Arts whether a COVID-19 infection occurs before, during, or after participation in any ATA program, class or event.

Child's name: _____

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

ATA Covid Protocol

If You Test Positive for COVID-19 (Isolate)

Everyone, regardless of vaccination status.

- Stay home for 5 days.
- If you have no symptoms or your symptoms are resolving after 5 days, you can leave your house.
- Continue to wear a mask around others for 5 additional days.

If you have a fever, continue to stay home until your fever resolves.

PERFORMERS WHO TEST POSITIVE FOR COVID-19 NEED TO SKIP REHEARSALS FOR 5 DAYS (DAY 1 IS WHEN THEIR SYMPTOMS APPEARED) AND HAVE A NEGATIVE TEST.

If You Were Exposed to Someone with COVID-19 (Quarantine)

If you:

Have been boosted

OR

Completed the primary series of Pfizer or Moderna vaccine within the last 6 months

OR

Completed the primary series of J&J vaccine within the last 2 months

- Wear a mask around others for 10 days.
- Test on day 5, if possible.

If you develop symptoms, get a test and stay home.

PERFORMERS IN THIS CATEGORY DO NOT HAVE TO QUARANTINE AND CAN CONTINUE TO COME TO REHEARSAL PROVIDED THEY HAVE A NEGATIVE TEST

If you:

Completed the primary series of Pfizer or Moderna vaccine over 6 months ago and are not boosted

OR

Completed the primary series of J&J over 2 months ago and are not boosted

OR

Are unvaccinated

- Stay home for 5 days. After that continue to wear a mask around others for 5 additional days.
- If you can't quarantine, you must wear a mask for 10 days.
- Test on day 5 if possible.

If you develop symptoms get a test and stay home

PERFORMERS IN THIS CATEGORY NEED TO QUARANTINE FOR 5 DAYS FROM THE POTENTIAL EXPOSURE DATE AND