



Spring 2024 Theatre Academy

CLASS Registration

February 17th – April 27th (10 weeks)

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

School Name _____ Grade _____ Birth date ____/____/____ Age (as of January 1, 2024) ____

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) –

Curtains Rising (4-7) \$100 SAT ___ WEDS ___ Set the Stage I (8-12) \$125 SAT ___ Teen Theatre (13-17) \$125 Tues ___

In the Spotlight Voice Class (11-17) \$100 ___ Tiny Tappers (5-9) \$85 ___ M.T. Dance Styles (8-13) \$100 ___ Bigger Tappers (10-15) \$100 ___

Juniors* \$200 ___ Allstar* \$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

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 _____