

TAPROOT THEATRE

ACTING STUDIO

CLASS REGISTRATION

M/F

STUDENT NAME	GENDER	AGE	DATE OF BIRTH
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M/F

SECOND STUDENT NAME	GENDER	AGE	DATE OF BIRTH
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PARENT OR GUARDIAN	RELATIONSHIP TO STUDENT	OTHER PARENT'S NAME
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STREET ADDRESS	CITY	STATE	ZIP
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PRIMARY PHONE	CELL PHONE
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EMAIL (All class information will be delivered via email)	HOW DID YOU HEAR ABOUT US?
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CLASS	DATES	\$ _____
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CLASS	DATES	\$ _____
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CLASS	DATES	\$ _____
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Mail or fax to: Taproot Theatre Acting Studio P.O. Box 30946 Seattle, WA 98113 Fax: 206-297-6882	TUITION DUE = \$ _____ MULTIPLE CLASS/FAMILY DISCOUNT - (5% off 2 classes, 10% off three or more classes) \$ _____ TOTAL DUE \$ _____
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Please make Checks or Money Orders payable to Taproot Theatre's Acting Studio

Please Charge My: VISA MC AMEX

\$25 Registration fee only Full Amount Other \$ _____

CARD NUMBER	EXP DATE	CSC (3 digit # on back of card)
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NAME ON CARD	SIGNATURE
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Class sizes are limited, so call now to register or send in this form. Confirmed registrations require a \$25.00 non-refundable fee (applicable to tuition). For more information call 206-529-3668 or email studio@taproottheatre.org.

Attendance & Expectations: Because of the collaborative nature of theatre, your student needs to be at class every day. Please have your student bring a **sack lunch, snack and water each day** for full day camps, as well as a notebook and pencil with eraser. In order to best serve your child, please inform us of any and all **medical challenges** that they may face, including ADD and ADHD. We strive to create the best atmosphere for all students and need sufficient time to develop strategies for serving your child's needs. We reserve the right to remove children from the classroom who are continually disruptive or unable to participate fully in class activities. **Class Cancellations:** If enrollment is insufficient we reserve the right to cancel class. In this case, all tuition paid would be returned in full, including the non-refundable registration deposit.

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Emergency Treatment/Contact Info/Liability Release

Please bring this form to your instructor the first day of class

STUDENT'S NAME _____

EMERGENCY/MEDICAL INFORMATION:

Primary Emergency Contact: _____

Relationship to Student: _____ Daytime phone: _____

Evening Phone: _____ Cell/Pager #: _____

Secondary Emergency Contact: _____

Relationship to Student: _____ Daytime phone: _____

Evening Phone: _____ Cell/Pager #: _____

Preferred Physician: _____ Phone: _____

***Please describe any special concerns (medical, emotional, behavioral [i.e. Allergies, ADHD, etc.]) that may affect your child's participation in class:

I hereby give permission that the above mentioned student may be given emergency treatment as needed by staff members at Taproot Theatre Company. I also give permission for my child to be transported by ambulance or aid car to an emergency medical facility for treatment. In the event that I or my preferred physician cannot be contacted, I further consent to medical, surgical, and/or hospital care, treatment, and/or procedures to be performed for my child by a licensed physician or nurse when deemed immediately necessary or advisable by a physician to protect my child's health and well-being. I agree that I will not hold Taproot Theatre Company, nor any member of its faculty or staff, liable for damages, injuries, or losses during my child's participation with TTC's Acting Studio classes.

Parent/Guardian Signature: _____ Date: _____

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Picture Usage Consent Form

Dear Parent,

During class, a photographer may be taking photos for Taproot Theatre. It is possible your child may be in one of these photographs. Taproot Theatre Company uses photographs for electronic and print publication purposes.

We are thrilled you and your family are participating in this educational program and with your permission would like to share your experience by using the photographs to promote Taproot's Acting Studio. Thank you for being a part of our Acting Studio family and your help to support and advertise the program. Taproot Theatre's Education and Outreach Department looks forward to continuing to serve you in the future!

I, _____ give Taproot Theatre Company permission to use photographs of my son/daughter _____ for all the above purposes.

(Parent/Guardian Signature)

(Date)

Taproot Theatre Company

Education & Outreach Department

Acting Studio • Community Outreach • Educational Touring • Student Matinees

"Encouraging - Educating - Entertaining"