

## Registration Form

(Office Only) Date received: \_\_\_\_\_ Initials: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Allergies or other pertinent medical information: \_\_\_\_\_

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### Medical Consent and Release of Liability

\_\_\_\_\_ I, authorize the directors, teachers, employees, agents and volunteers of The Ross Ragland Theater as agents for the undersigned to consent to medical treatment in an emergency. I hereby release and discharge The Ross Ragland Theater, its directors, teachers, employees, agents and volunteers from any and all claims due to negligence resulting in personal injury, beyond any available insurance coverage.

\_\_\_\_\_ I agree that photographs of my child/children taken during academy hours may be used for promotional purposes by The Ross Ragland Theater, but will not be used by other organizations without additional written consent.

\_\_\_\_\_ I understand that this agreement is valid through 2007-2009

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Payments

To secure enrollment, please send a non-refundable \$25 deposit. The balance of \$60 is due no later than one week before the Academy. Telephone registrations are accepted with a non-refundable \$25 deposit. Refund policy: Full refund if The Ross Ragland Theater cancels workshop. Tuition less non-refundable \$25 deposit will be given up to second-class session. After second-class session, no refunds will be given.

\_\_\_\_\_ Check enclosed \_\_\_\_\_ Charge my Visa/MC/AE/Debit Balance: \$ \_\_\_\_\_

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_