

The Acting Space

Class Registration and Permission

General Information:

Student's Name: _____

Students Address: _____ Home Phone: _____

Mother's Name: _____ Mother's Email _____ Mother's Phone: _____

Father's Name: _____ Father's Email _____ Father's Phone: _____

Student's Age: ____ Birthday: _____ Grade: ____ Shirt Size: _____

Student Pickup Authorization:

Name: _____ Phone _____

Name: _____ Phone _____

Name: _____ Phone _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Permission for doctor or Hospital: Yes ____ No ____

Child have serious health issues? Yes ____ No ____ If yes explain: _____

Child have communicable diseases? Yes ____ No ____ If yes explain: _____

Child take medicine? Yes ____ No ____ If yes explain: _____

Child have special needs? Yes ____ No ____ If yes explain: _____

Child allergic to any food/medicine? Yes ____ No ____ If yes explain: _____

Child have all of their Immunizations? Yes ____ No ____ If no explain: _____

Emergency Procedures:

In the event of an accident we will contact you, and after all efforts to contact have been exhausted, I authorize the The Acting Space to administer minor first aid and / or call 911 for medical treatment and I agree to assume responsibility for charges associated with this or any other treatment given to my child.

Photo/Video Release:

The Acting Space reserves the right to use photos or video recordings taken during the program for promotional purposes. Such photos or videos may be used in print or online marketing materials. Participants will not be identified by name. No reasonable request by a participant to "not use" a particular photo for promotional purposes will be denied. I further agree, that if give a video of the final performance, I will only use it for personal use. I understand, I am not allowed to post the video on any internet social media, website, or public video sharing.

Insurance Disclaimer and Permission Statement:

By signing below, I hereby give my child permission to attend and participate in all activities sponsored by The Center for the Performing Arts LLC dba The Acting Space on their premises or otherwise. I will discharge, indemnify and hold harmless The Center for the Performing Arts LLC dba, The Acting Space; The Barrow Mansion; St, Mathews Church; their owners, members, employees, contractors, and heirs, from any and all claims, cause of action, or liability for damages resulting by me or my child or any entity on behalf of myself or my child arising from my child's participation in the program.

I have read and understand the policies and procedures for The Acting Space. My signature below indicates my acceptance of these.

Parent / Guardian Signature: _____ Date: _____