

STUDENT INFORMATION

Last Name	First Name	Gender	DOB	Age
Street Address	City	State	Zip	
Home Phone	Cell Phone	Parent Email Address		
Mom's Name	Work or Cell Phone			
Dad's Name	Work or Cell Phone			
Emergency Contact (other than parents)	Phone	Relation to student		

Class Registration

I Need A Vacation! (\$225)
a musical revue

INFORMATION & POLICIES

- ★ Classes & Workshops will be held at Theatre at the Center, located at The Center for Visual & Performing Arts, 1040 Ridge Road, Munster, Indiana.
- ★ We will accept registration until the class is filled. You will be notified by phone or email when we receive & process your registration.
- ★ Classes & Workshops must have a minimum of six students registered to run.
- ★ No refunds will be provided unless the workshop is cancelled by TATC.
- ★ ATTENDANCE: Prompt attendance at all classes is requested as a sign of respect for yourself, your instructors/directors, and your fellow performers.

FEES & PAYMENT

Payment in full is required for enrollment.

Method of Payment: (please circle one) **CASH/MONEY ORDER** **CHECK** **CREDIT CARD**

Check #: _____ (Please make checks payable to: Ridgewood Arts Foundation, Inc.)

Credit Card #: _____

Expiration: _____ V-Code _____

Signature: _____

Send Registration & Payment to: **Ridgewood Arts Foundation**
1040 Ridge Road
Munster, IN 46321

For questions, please call Charlie Scanlon at 219-836-9073

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Ridgewood Arts Foundation Inc. dba Theatre at the Center (TATC) - an Indiana Not-for-Profit Corporation
I, _____ (parent/guardian) of _____ (child) who is/will be a student enrolled in the 2010 season with the Theatre at the Center (TATC), do hereby expressly authorize any of the following steps, when deemed necessary and appropriate by TATC personnel, to be taken by TATC in the event of a medical emergency involving my child/ward, which may arise on the premises of TATC or at a TATC sponsored activity.

- 1. To notify and request aid, if appropriate, of trained emergency medical personnel for immediate treatment of my child/ward.
- 2. To transport my child/ward to the nearest medical facility for appropriate medical treatment.

It is agreed that TATC will have the exclusive and immediate right to determine when, in its judgement, such medical emergency shall exist. If in the judgment of TATC it is appropriate, under the circumstances, TATC will attempt to contact me, as the parent/guardian before taking any of the above-listed emergency steps. It is agreed that if and when TATC does report the matter to me, as the parent/ guardian, TATC will then no longer have the principal responsibility for the emergency care of my child/ward but will become the agent of myself, the parent/guardian. It is agreed that I, the parent/guardian, will indemnify and hold harmless TATC and/or its agents and employees from and against any and all claims and losses which may be incurred or which may be claimed as a result of the alleged acts or alleged failures to act during the emergency.

As parent/guardian of the above named individual, I advise that he/she has the following allergies, medical conditions, is taking the following medications, and/or cannot take the following medications (if none; please so indicate):

Family Physician _____ Phone _____

Hospital Preference (if none; please so indicate): _____

I have read and understand the medical treatment authorization. By signing below I agree to abide by it.

Parent/Guardian Signature _____ Date _____

MODEL RELEASE STATEMENT

I understand that Ridgewood Arts Foundation, Inc. dba Theatre at the Center (TATC) may, from time to time, take photographs, videos, or recordings of student work in the classroom for marketing, development, and archival purposes. In the event that a photographer or videographer comes to my child's class, I acknowledge that it is my responsibility to notify him/her of my desire not to have my child photographed or videotaped. I herewith acknowledge and hereby grant full rights and permission to copyright, use, reproduce, publish, and display all photographs, videos and recordings taken of my child by TATC for publicity, marketing, and archival purposes. I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. If my child's photo is ever used for publicity, marketing, and archival purposes, I give permission for my child's name to be used too. It is my understanding that I hold no copyright for such photographs, videos, or recordings and that no charge or special compensation is or will be required for my child's service/s.

Name of Parent (print please) _____ Name of Student _____

Parent Signature _____ Date _____