



# Spring Classes 2019

## STUDENT INFORMATION

<b>Student Last Name</b>	<b>Student First Name</b>	<b>DOB</b>	<b>Age</b>
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Mom's Name</b>	<b>Mom's Cell Phone</b>	<b>Mom's Email</b>	
<b>Dad's Name</b>	<b>Dad's Cell Phone</b>	<b>Dad's Email</b>	
<b>Emergency Contact (<i>other than parents</i>) Student</b>	<b>Phone</b>	<b>Relation to</b>	

## CLASS REGISTRATION /Please check all that apply)

- \$155 Comedy Kids!       \$155 Exploring the Stage  
 \$155 Broadway Showstoppers

## FEES & PAYMENT: REGISTRATION DEADLINE IS November 2nd, 2018

Full Payment is required for enrollment. We do not accept AMERICAN EXPRESS.

Method of Payment: CASH      CREDIT CARD      CHECK (#\_\_\_\_\_)

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

V-Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

- 1) Email form to [christylorin@gmail.com](mailto:christylorin@gmail.com) & Pay online,
- 2) Drop the form & payment at the TATC box office
- 3) or Mail form and payment to:

Theatre at the Center  
Attn: Christy Conway  
1040 ridge road  
Munster , IN 46321

**You will receive a confirmation email confirming registration.  
If you do not receive confirmation please contact  
christylorin@gmail.com.**

INFORMATION AND 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 registrations until the day the class/workshop begins. You will be notified by email when we receive & process your registration.
- Classes & Workshops must have a minimum of six students registered to run.
- Prompt attendance at all classes is requested as a sign of respect for yourself, your instructors/directors, and your fellow performers. Please sign in your child upon arrival, instructors will have a sign in sheet.

EMERGENCY MEDICAL TREATMENT AUTHORIZATION:

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ (child) who is/will be a student enrolled in a workshop with Theatre at the Center (TATC), do hereby 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 judgment, 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):

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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: \_\_\_\_\_

OFFICE USE ONLY:

Tuition: \$ \_\_\_\_\_ Total Tuition Paid: \$ \_\_\_\_\_

NOTES: \_\_\_\_\_

## Photo Release Form for Minors (if under 18)

Theatre at the Center has my permission to use my or my child's photograph publically to promote the theatre and its programs. I understand that the images may be used in print publications, online publications, presentations, websites, social media and in the news media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

