



PART 1: STUDENT INFORMATION

Student Name: _____

Parent/Guardian Name(s): _____

Address: _____
address city state zip

Primary Phone: _____ Secondary Phone: _____

Parent E-Mail: _____

Student Age: _____ Date of Birth: _____ Gender: Male Female

Please check here if student requires special accommodations, so that we may ensure a positive experience with CYT Upstate. We will contact you for further information.

Please check here if student plans to audition for Madagascar Jr.

How did you hear about CYT Upstate? Check any that apply!

Friend Billboard Newspaper School Show Car Sign Poster Other _____

PART 2: CLASS SELECTION

Please number your first and second class choices.

FALL THEATRE ARTS CLASSES:

- ___ Our Gang (Ages 4-7)
- ___ Broadway Jazz (Ages 8-12)
- ___ Broadway Snapshots (Ages 10-14)
- ___ Contemporary Jazz Dance Class (Ages 13-18)

___ **Weekend Intensive**
 (March 3-5 • Ages 8-18)

PART 3: APPROVED TRANSPORTATION

Please list below all persons approved/unapproved by you to pick up your child from CYT. Note: In the case of a change, please send written and signed permission with the person picking up your child.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Unapproved: _____

Parent Signature: _____ Date: _____

PART 4: PAY & SUBMIT

REGISTRATION FEE: \$135.00 (*Early Bird Discount of \$110! Deadline: March 1st*)

- Please complete the attached Medical/Photo Release Form and Behavior Contract.
- Space is limited. Registration is open until the 3rd week of classes, or until all available slots are full.
- Class placement is given on a "first come, first serve" basis. Class slots will not be reserved until the registration fee has been paid in full.
- Students may not switch classes after the first day of class attendance.
- We reserve the right to cancel any class with low enrollment. Should any cancellations occur, you will receive 48 hours notice and a full refund.
- Payment may be completed through our online store or you may include a check with this form. You will receive a payment confirmation via e-mail.
- Make all checks payable to CYT Upstate. There is a \$20 fee for any returned checks.
- Families enrolling multiple children will receive a 10% discount.
- Scholarships are available for CYT classes! Check the [CYT Policies & FAQ](#) page for more information.
- Mail all registration forms and checks to: **CYT Upstate, PO Box 145, Anderson, SC, 29622.**



Medical/Photo Release Form

STUDENT MEDICAL/PHOTO RELEASE

If you or your child is involved in a Christian Youth Theater activity, you are hereby advised that our organization does not carry Workman's Compensation Insurance for participants or volunteers. If you or your child should suffer an injury while participating in our production, you will be personally responsible for your medical or injury related expenses.

I give permission for my child _____ (birth date _____) to participate in CYT classes, activities & productions. I also give permission to the designated adult supervisor in charge to secure emergency medical treatment for the minor named above. I also agree to hold CYT, and/or their assignees, harmless in the event of an injury or accident.

I hereby authorize and consent that CYT shall have the absolute right to copyright, publish, use, sell or assign any and all photographs, portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, that have been taken of my child, or in which my child may be included in whole or in part.

Address: _____ City/State/ZIP _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Primary: Home Cell Work Adult in charge may give my child: Tylenol Ibuprofen
Emergency Contact: _____ Phone: _____
Insurance Company: _____ Policy #: _____
Medical Information (allergies, medications, etc.): _____

Parent/Guardian Name (please print): _____
Parent/Guardian Signature: _____ Date: _____

PARENT & VOLUNTEER MEDICAL/PHOTO RELEASE

As a Volunteer or Parent for a Christian Youth Theater activity, I, _____, am advised that CYT does not carry Worker's Compensation Insurance for participants or volunteers. If I suffer an injury while participating in an activity I am personally responsible for my medical or injury related expenses. I give permission to the Staff in charge to secure emergency medical treatment for me in the event of an unforeseen injury or accident. Furthermore, I also agree to hold CYT, and/or its assignees, staff or volunteers harmless in the event of a production-related injury or accident.

I hereby authorize and consent that CYT shall have the absolute right to copyright, publish, use, sell or assign any and all photographs, portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, that have been taken of me as a participant in the production.

Address: _____ City/State/ZIP _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Primary: Home Cell Work
Emergency Contact: _____ Phone: _____
Insurance Company: _____ Policy #: _____
Medical Information (allergies, medications, etc.): _____

Do you have any physical limitations that would limit your ability to perform your duties? Yes No
If so, please explain: _____

Name (please print): _____
Signature: _____ Date: _____



BEHAVIOR GUIDELINES

- CYT is a privilege and only cooperative behavior is allowed. Respect for the Director, Area Coordinator, Teachers, Counselors, parents, other students, and facility representatives is expected.
- Honoring language will be used. No name-calling or profanity is allowed.
- CYT expects students' conduct to be respectful to property. Therefore, any damage done to property intentionally will be expected to be replaced or repaired by the student.
- CYT students cast in the show and those who serve on crew are expected to attend their CYT classes.
- CYT expects purity of self in relationships with others and one's own body; therefore, drugs, alcohol, and smoking are strictly prohibited. Overt physical contact of students is not allowed. CYT students are expected to dress appropriately and modestly.
- CYT wants all students to do their best and believe the Lord will do a good work in their lives.
- For participation in a mainstage show, attendance is required at all classes for the 10 week session and Showcase on the last day of class. Failure to attend may result in being dropped from the show.

REHEARSAL & PERFORMANCE GUIDELINES

- Avoid unnecessary noise and distractions during rehearsals and performances.
- Stay in designated areas. CYT students may not leave the facilities at any time during rehearsals or performances. (This includes breaks between class and rehearsal and lunchtime on school days).
- A sack lunch must be brought by the cast/crew members or delivered to them by an adult. (No fast food runs are allowed.)
- Complete clean up assignments on your designated day. Check in and out with the green room parent supervisor when you have clean up duty.
- Behave in a professional manner.
 - a. Attend all rehearsals and performances unless you are ill or have received the Director's permission.
 - b. Be on time. (Parents, please pick up your children on time as well)
 - c. Be prepared with costumes, makeup, props and scripts.
- Have a great time learning and growing!

CONSEQUENCES

1. Adult in charge will talk with the individual student about his/her misbehavior.
2. Adult in charge will call the parent and explain the misbehavior of the student.
3. Director and Area Coordinator will be notified; one or both will talk with the student.
4. Executive Director will be notified, will talk with student (if warranted), and dismissal from the show may result.

SIGNATURE

By signing below, I certify that I have read and agree to follow the guidelines stated above. I understand that behavior and attendance will be documented and may affect future CYT participation.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____