



Office Use Only: _____

Class Registration

Class Fee _____

NAME OF CLASS _____

STUDENT NAME(S) _____

PARENT NAME(S) if student is a minor _____

HOME ADDRESS _____ Zip _____

PHONE: HOME _____ WORK _____

CELL PHONE(S) _____ & _____

PARENT E-MAIL _____ STUDENT E-MAIL _____

STUDENT BIRTHDATE _____ AGE _____

EMERGENCY CONTACT INFORMATION:

NAME _____ PHONE(S) _____

RELATIONSHIP TO STUDENT _____

PHYSICIAN NAME _____ PHONE _____

Are there any physical needs, challenges or special circumstances your child has that we need to be made aware of? Please explain.

Should a medical emergency arise, we will make every effort to contact you. However, if we are unable to do so, may we seek medical assistance for your child in the unforeseen event requiring immediate medical attention? YES NO Initials _____

RELEASE STATEMENT

In consideration of accepting the above named participant in our program, the student named herein, or the parent or guardian if the student is a minor, hereby agrees to indemnify and keep harmless **Alpha Theatre and Arts Company** (referred to as "Alpha") against any and all liability claims, judgments, or damage arising as a result of participation in our program, or as a result of any course of instruction or supervision given the participant by Alpha. Furthermore, Alpha is not responsible for the supervision of participant(s) either before or after the participant's regularly scheduled class time. Alpha Theatre and Arts Company reserves the right to photograph and videotape programs and participants for training, advertising, promotional activities, and any other lawful purposes.

PAYMENT AND REFUND POLICY

Class tuition is due the first day of class. Payments not received by the then, and at the discretion of the Board, may result in a late fee. Tuition fees are non-refundable. Please make checks payable to "**Alpha Theatre and Arts Company**" or "**Alpha**".

Signature _____ Date _____

Parent or Guardian signature _____