

**2018/2019 Theater Classes**

**PARTICIPANT INFORMATION, WAIVER OF LIABILITY, AND REGISTRATION FORM**

Please write clearly.

Student’s Last Name, First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Contact In Case of Emergency**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/(C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Second Contact In Case of Emergency** (MUST BE DIFFERENT than parent/guardian):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list all persons with permission to drop off/pick up your child, all persons must be 18 years or older.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INFORMATION:**

1. Does your child have any existing health problems that we should know about? **YES / NO**
2. Please list health problems.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Any physical restrictions? **YES / NO**

Please list restrictions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Does your child take any medication during Program hours? YES / NO

Please list medication(s).

**Note: Forever After Productions Staff are not authorized to dispense medications or administer injections.**

**Is there any additional information you would like to tell us about in regards to your child’s needs?**

**FALL SEASON BEGINS – SEPTEMBER 15th 2018**

**WINTER SEASON BEGINS – TBA**

**SPRING SEASON BEGINS – TBA**

**ALL CLASSES ARE SATURDAYS AND RUN 8 WEEKS**.

Please mark with **X** which class you are signing up for:

**PREMIER ACTING FOR AGES 3-5 YRS 10 - 10.30AM $65 FALL \_\_\_ WINTER \_\_\_ SPRING \_\_\_**

**OVATION ACTING FOR AGES 6-9 YRS 10.30 – 11.30 AM $85 FALL \_\_\_ WINTER \_\_\_ SPRING \_\_\_**

**ENCORE ACTING FOR AGES 10-14 YRS 11.30 – 12.30PM $85 FALL \_\_\_ WINTER \_\_\_ SPRING \_\_\_**

Forever After Productions Office Number: [734-547-5156](tel:734%20-%20547%20%E2%80%93%205156)

Forever After Productions Office Email: foreveraftermail@gmail.com

**Payment is required with the return of this form. We accept cash or check. *NO refunds*. Please make checks**

**payable to “Forever After Productions” and mail with this form to:**

Theater Classes

Forever After Productions

Studio #107

650 Church Street

Plymouth

MI 48170

All classes are held at the above address.

**WAIVER OF LIABILITY**

I hereby state that the above participant is in good health and free from any communicable disease or illness & I shall defend, indemnify and hold harmless Forever After Productions and the officers and employees of Forever After Productions, from and against any damage, loss, theft, or destruction of any kind, and against any losses, liabilities, damages, injuries, claims, demands, costs and expenses of every kind and nature whether or not covered by insurance, including legal fees and disbursements arising out of and in connection with my or my child’s negligent use of the premises or the breach of any representation, warranty, or covenant contained herein. If Forever After Productions personnel are unable to reach an emergency contact listed herein, I hereby authorize them to secure emergency medical treatment as necessary. I agree to pay for all expenses that possibly may be incurred by this emergency case. In consideration of Forever After Productions permitting my child to participate in said events, I hereby for myself, my child, my heirs, administration and assigns, waive and release any and all rights and claims for damages I may have against Forever After Productions, its personnel and any other organizations connected with this event, their successors, and assigns, and for any and all injuries which I or my child may suffer while taking part in any activities connected with this event. In case of injury, and an emergency contact is unable to be contacted by your staff, I give my consent to have medical treatment administered to me or my child if deemed necessary by a physician. My signature allows permission to use photographs and/or videos of my child to be used in association with advertising Forever After Productions or its programming.

**MY CHILD HAS PERMISSION TO**:

For kids 14 years and older:

Sign him/herself in and out. **YES / NO**

**Note: Forever After Productions will not supervise your child before they sign in or after they sign out. This privilege will be revoked should a child neglect to sign-in or sign-out on any occasion.**

**Please note that it is your responsibility to inform us of any changes in your child’s health status**.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**