



**Summer Youth Theater Workshop Registration Form 2020**

*This form must be completed and signed by the student's parent or legal guardian. Please print clearly.*

**Student Information**

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

D.O.B.: \_\_\_\_\_ Grade Level in Fall 2020: \_\_\_\_\_

Grades 4-6 Improv Workshop  Grades 7-9 Devised Theater Workshop  Grades 10-12 Shakespeare Workshop

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student T-Shirt Size: (Youth S/M/L -or- Adult S/M/L/XL) \_\_\_\_\_

**Emergency Contact Information** – AT LEAST ONE EMERGENCY CONTACT MUST BE PROVIDED!

1. Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

**Medical Information**

Does the student have any allergies and/or medical conditions of which Arts at the Palace ought to be aware? If yes, please describe:

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

**Waivers and Informed Consent:**

\_\_\_\_\_ (please initial)

By signing this form, I understand that students are expected to be on their best behavior in order for our programs to be most enjoyable! Summer Youth Theater Workshop is at its best when students are at their best! If a student is not able to be cooperative the parent/guardian will be called to pick up the student early. Continued misbehavior will result in the student being asked to leave the workshop without a refund of fees.

\_\_\_\_\_ (please initial)

By signing this form, I, as parent/guardian, permit Arts at the Palace to use pictures of my child(ren) as a program participant in promotional literature, videos, and their website. I understand my child(ren)'s name(s) will not be published.

\_\_\_\_\_ (please initial)

On my own behalf and on behalf of the child/children named in this registration, I ACKNOWLEDGE THE RISKS associated with participation in the Workshop and expressly and voluntarily assume the risks of participation in the program and activities operated by the Workshop and HEREBY WAIVE AND RELEASE ALL CLAIMS, DEMANDS, ACTIONS, CAUSES OF ACTION, COSTS, LOSSES, EXPENSES AND LIABILITIES ("CLAIMS") (WHETHER ON BEHALF OF THE CHILD/CHILDREN NAMED IN THIS REGISTRATION OR FOR MY OWN BENEFIT) AGAINST THE PROGRAM (INCLUDING ITS STAFF, EMPLOYEES, AND AGENTS) THAT MAY ARISE FROM INJURIES, HARM OR LOSS RESULTING FROM PARTICIPATION IN THE WORKSHOP AND ACTIVITIES OPERATED BY THE WORKSHOP, INCLUDING (WITHOUT LIMITATION) ANY CLAIMS ALLEGING NEGLIGENCE BY THE WORKSHOP (INCLUDING ITS STAFF, EMPLOYEES, AND AGENTS), to the fullest extent allowed under the laws Of New York State.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ Parent

\_\_\_\_\_ Guardian