



Theatre Classes Registration / Medical Release Form

Class Title _____ Day _____ Time _____ Tuition _____

Student Name _____ Age _____ Male/Female _____

Guardian _____ Relationship to Student _____

Email _____ Is email a reliable means of communication for you? yes / no

Phone: Home _____ Work _____ Cell _____

Mailing Address _____ City _____ State _____ Zip _____

Schedule conflicts during the session _____

Specials needs for student _____

Scholarship? If yes, how much is requested? \$ _____ How much can you pay? \$ _____

Amount Due \$ _____ Pay by Check or CC # _____ Exp _____

Signature (if using credit card) _____

MEDICAL RELEASE STATEMENT

I, the undersigned, voluntarily, and having been informed of the nature of the program which Off Square Theatre Company provides, assume full responsibility for my child's participation. I hereby release Off Square, its Board of Directors, staff, and volunteers from any and all causes of action for personal injury and/or property damage resulting from my child's participation in Off Square activities. In the case of an emergency call:

#1 _____ Relationship _____ Phone _____

#2 _____ Relationship _____ Phone _____

Insurance Company _____ Policy # _____

Physician _____ Phone _____

Signature of parent/guardian _____ Date _____

Right to Use Name, Image, Etc: Student hereby grants to Off Square, and its licensees and assigns, forever, the right to use name, likeness, voice, image, photographs, and recordings thereof in and/or in connection with the production, exhibition and exploitation in all media throughout the world, and in connection therewith, the advertising, publicizing and promotion of any materials pertaining in any way to Off Square, including their use in connection with any publication. (Primarily in brochures, ads and grantwriting. Thank you!)

For Office Use Only
Amount Due: _____ Rec'd: _____ (amount) _____ (date) _____ (payment type)