

# TAPROOT THEATRE

ACTING STUDIO

## CLASS REGISTRATION

STUDENT NAME	GENDER	DATE OF BIRTH
SECOND STUDENT NAME	GENDER	DATE OF BIRTH
PARENT OR GUARDIAN	RELATIONSHIP TO STUDENT	CHILD IS LIVING WITH
STREET ADDRESS		CITY/STATE/ZIP
PRIMARY PHONE (home, cell, work)		SECONDARY PHONE NUMBER
EMAIL		HOW DID YOU HEAR ABOUT US?

CLASS	CLASS CODE	\$
CLASS	CLASS CODE	\$
CLASS	CLASS CODE	\$
CLASS	CLASS CODE	\$

TUITION DUE = \$ \_\_\_\_\_

Mail or Fax to:  
 Taproot Theatre's Acting Studio  
 P.O. Box 30946  
 Seattle WA 98113  
 Fax: 206-297-6882

MULTIPLE CLASS/FAMILY DISCOUNT - \$  
 (5% OFF TWO CLASSES, 10% OFF THREE OR MORE CLASSES) \_\_\_\_\_

DONATION + \$ \_\_\_\_\_

**TOTAL DUE = \$** \_\_\_\_\_

Check or Money Order enclosed (payable to Taproot Theatre's Acting Studio)  
 Please charge my:  VISA  MC  AMEX  
 Registration Fee Only  Full Amount  Other Amount \$ \_\_\_\_\_

CARD NUMBER	EXP. DATE
NAME ON CARD	SIGNATURE

Class sizes are limited, so call now to register or send in this form. Confirmed registrations require a \$25.00 non-refundable fee (applicable to tuition). For more information call 206.781.9705 or email [studio@taproottheatre.org](mailto:studio@taproottheatre.org).

**Attendance & Expectations:** Because of the collaborative nature of theatre, your student needs to be at camp every day. Please have your student bring a **sack lunch, snack and water each day**, as well as a notebook and pencil with eraser. In order to best serve your child, please inform us of any and all **medical challenges** that they may face, including ADD and ADHD. We strive to create the best atmosphere for all students and need sufficient time to develop strategies for serving your child's needs. *We reserve the right to remove children from the classroom who are continually disruptive or unable to participate fully in the class activities.*

# EMERGENCY TREATMENT/ CONTACT INFO/ LIABILITY RELEASE

**\*\*Please bring this form to your instructor the first day of class\*\***

**Student's Name** \_\_\_\_\_

## Emergency/ Medical Information

Primary Emergency Contact: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\* Please describe any special concerns (medical, emotional, behavioral [i.e. Allergies, ADHD, etc.]) that may affect your child's participation in class:

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I hereby give permission that the above mentioned student may be given emergency treatment as needed by staff members at Taproot Theatre Company. I also give permission for my child to be transported by ambulance or aid car to an emergency medical facility for treatment. In the event that I or my preferred physician cannot be contacted, I further consent to medical, surgical, and/or hospital care, treatment and/or procedures to be performed for my child by a licensed physician or nurse when deemed immediately necessary or advisable by a physician to protect my child's health and well-being. I agree that I will not hold Taproot Theatre Company, nor any member of its faculty or staff, liable for damages, injuries, or losses during my child's participation with TTC's Acting Studio classes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Picture Usage Consent Form

Dear Parent,

During class, a photographer may be taking photos for Taproot Theatre. It is possible your child may be in one of these photographs. Taproot Theatre Company uses photographs for electronic and print publication purposes.

We are thrilled you and your family are participating in this educational program and with your permission would like to share your experience by using the photographs to promote Taproot's Acting Studio. Thank you for being a part of our Acting Studio family and your help to support and advertise the program. Taproot Theatre's Education and Outreach Department look forward to continuing to serve you in the future!

I, \_\_\_\_\_ give Taproot Theatre Company permission to use photographs of my son(s)/daughter(s) \_\_\_\_\_ for all of the above purposes.

\_\_\_\_\_  
(Parent/ Guardian Signatruer)

\_\_\_\_\_  
(Date)

**Taproot Theatre**  
**Education & Outreach Department**  
**Acting Studio \* Community Outreach\* Educational Touring\* Student Matinees**  
***"Encouraging - Educating - Entertaining"***