

MST&DA Performance Theatre Registration

Family Name _____ Today's date _____

Participant Name: _____ Cell: _____ Email: _____

Participant Name: _____ Cell: _____ Email: _____

Participant Name: _____ Cell: _____ Email: _____

Parent 1 Name: _____ Cell: _____ Email: _____

Parent 2 Name: _____ Cell: _____ Email: _____

Children's Theatre is offered on Monday, Tuesday or Wednesday in the Spring. Tuition is \$425 for Spring. Full year is \$750 when paid in FULL by beginning of Fall semester.

Teen Theatre is offered on Wednesday with one additional rehearsal day TBA. Tuition is \$425 for Spring. Full year is \$785 when paid in FULL by beginning of Fall semester.

Adult Cabaret is on Saturday from 10am-12pm with one additional day TBA. Tuition is \$350.

*Please note the class and day for each participant below. **If available both days for children's theatre**, please put "B" for both under the "Day" option. You will then be notified of your day assignment based on class size.

<u>Participant</u>	<u>Class</u>	<u>Day</u>	<u>Time</u>	<u>Amount Due</u>
_____	_____	_____		\$ _____
_____	_____	_____		\$ _____
_____	_____	_____		\$ _____
_____	_____	_____		\$ _____
				Sub-Total \$ _____

Waiver & Release

I understand that Main Street Theatre & Dance Alliance shares my concern about my safety and that of my child. I understand that MST&DA and its landlord, RIOC, do not accept responsibility for injuries, damages or loss, which my child or I may suffer while participating in its programs. Accordingly, I agree to assume the full risk of any physical injuries, damages or loss, regardless of severity, which my child or I may sustain as a result of participating in any and all activities connected with or associated with any MST&DA programs.

Permission to Secure Treatment

In the event of an emergency, I authorize MST&DA to render basic first aid and to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my or my child's immediate care, and agree that I will be responsible for payment of any and all medical services required.

Pediatrician/Physician: NAME _____ PHONE # _____

My signature affirms my acceptance of the Waiver & Release & Permission to Treat:

Name _____ Relationship _____ Signature _____ Date _____

I give permission to use pictures of myself and/or my child for display and marketing purposes only.

_____ (initial)