

EmilyAnn Theatre Drama Class Registration Form
PO BOX 801 Wimberley, TX 78676 • Office Phone (512) 847-6969
bridget@emilyann.org www.emilyann.org

Please type or print clearly.

Student's Name _____

Grade Level _____ Registration (Circle One)- Drama One - Intermediate Drama -Advanced Drama –High School

Age _____ Birth Date _____ Sex (M or F) _____

Address _____

City _____ State _____ Zip _____

PRIMARY EMAIL CONTACT FOR PARENT: _____

Father's Name _____

Home phone () _____ Cell phone () _____

Work phone () _____

Mother's Name _____

Home phone () _____ Cell phone () _____

Work phone () _____

PAYMENT INFORMATION

\$200 per child (\$150 for additional sibling) NO REFUNDS AFTER THE START OF CLASS.

Add **Early Drop Off** (30 minutes early) \$75

Check payable to EmilyAnn Theatre. (Please include student's name and class session on memo line of check).

Payment by Credit Card:

Visa MasterCard Discover

Card Number: _____ Expiration: _____

Total Tuition: _____ Date Paid: _____

Photo/Video Release. I hereby grant the EmilyAnn Theatre & Gardens, its representatives and employees, the right to take photographs and make video and audio recordings of my child during camp activities and to use, reproduce, and transmit, by any means now known or hereafter devised, my child's image for promoting EmilyAnn Theatre classes, camps and performances. Names of students are not released.

I have filled out and signed the **Medical Release Form** (page 2 of this document)

Parent/Guardian Signature: _____ **Date:** _____

Scholarship Fund I wish to contribute a \$ _____ donation to the Scholarship Fund which helps students with financial constraints that may not otherwise be able to attend EmilyAnn Theatre camps or classes.

The EmilyAnn Theatre
After School Drama Class
--Medical Emergency Information/Consent for Treatment--

Student Name _____ -

Medical Information

Allergies: _____

Current medications: _____

Chronic illnesses: _____

Date of last tetanus booster: _____

Physician: _____ Physician telephone number: _____

Insurance Information *(Please attach a photocopy of the insurance card, front & back, to this form)*

Does youth have health insurance? No - Yes

Medical insurance company: _____ Tel. no. _____

Group number/ID number: _____ Name of insured: _____

Person(s) to Notify in Case of Emergency:

Name: _____ Relationship: _____

Street Address: _____

Phone: Day _____ Evening _____ Cell _____

Second contact (if first person unavailable)

Name: _____ Relationship: _____

Street Address: _____

Phone: Day _____ Evening _____ Cell _____

Consent for Medical Treatment:

The attending physician, appropriate staff, The EmilyAnn Theatre, employees, representatives and/or agents, and their heirs, successors, and assigns, shall not be responsible in any way for any consequence from diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

The EmilyAnn Theatre does not carry medical insurance for participants in any of its programs. It is recommended that you have appropriate medical coverage for your child.

I, as parent/legal guardian, grant permission for my child _____
to receive medical treatment.

Signature of parent/legal guardian

Date

