

EmilyAnn Theatre
After School Drama Class & Musical Theatre Academy Registration Form

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Session (Circle one) Fall Session Spring Session Musical Theatre Academy Acting Conservatory
Level (Circle one) Beginner Intermediate

Student's Name _____

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

Address _____

City _____ State _____ Zip _____

Father's Name _____

Phone #1 _____ Phone #2 _____

Email _____

Mother's Name _____

Phone #1 _____ Phone #2 _____

Email _____

_____ **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/class 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.

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 classes.

COST

_____ \$200 per child for beginning & intermediate class _____ \$300 per child for Musical Theatre Academy & Acting Conservatory (\$50 discount for 2nd child) NO REFUNDS AFTER THE START OF CAMP.

PAYMENT

Total Tuition _____ Date Paid _____ Administrative Note _____

Payment Type (Check or Credit Card)

Name on Credit Card _____

Last 4 digits of credit card _____ (Full credit card # will be destroyed. Only last 4 digits will stay with form.)

Card Number _____ Expiration _____

EmilyAnn Theatre
After School Drama Class & Musical Theatre Academy
Medical Emergency Information/Consent for Treatment

Student Name _____

Medical Information

Allergies _____

Current medications _____

Chronic illnesses _____ Date of last tetanus booster _____

Physician _____ Physician telephone number _____

Primary Emergency Contact

(Person to notify in case of an emergency.)

Name _____

Street Address _____

Phone #1 _____ Phone #2 _____ Relationship _____

Secondary Emergency Contact

(To notify if first person is unavailable.)

Name _____

Street Address _____

Phone #1 _____ Phone #2 _____ Relationship _____

Insurance Information

Does youth have health insurance? NO | YES *(If yes, a photocopy of the insurance card must be attached to this form.)*

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