

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

PO BOX 801 Wimberley, TX 78676 • Office Phone (512) 847-6969  
info@emilyann.org | [www.emilyann.org](http://www.emilyann.org)

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

**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  
(\$50 discount for 2<sup>nd</sup> 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