

Date _____

EmilyAnn Theatre

After School Drama Class Registration Form

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

Please type or print clearly.

Session (circle one) Fall Spring

Level (circle one) Beginner (Mondays 3:45-4:45) Intermediate (Tuesdays 3:45-4:45)
Advanced (Wednesdays 3:45-4:45) High School (Thursdays 4:00-5:00)

Student's Name _____

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

Address _____

City _____ State _____ Zip _____

Father's Name _____

Home phone () _____ Cell phone () _____

Work phone () _____ Email _____

Mother's Name _____

Home phone () _____ Cell phone () _____

Work phone () _____ 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.

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 classes.

PAYMENT INFORMATION

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

\$75 - Early drop off 30 minutes before class begins. This is optional.

Total Tuition: _____ Date Paid: _____

Check (Please make payable to the EmilyAnn Theatre & include the student's name on the memo line of the check.)

Visa MasterCard Discover

Name (as shown 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: _____

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: _____

Emergency Contact - Person(s) to Notify in Case of Emergency

Name: _____ Relationship: _____

Street Address: _____

Phone: Day _____ Evening _____ Cell _____

Second Emergency Contact (if first person unavailable)

Name: _____ Relationship: _____

Street Address: _____

Phone: Day _____ Evening _____ Cell _____

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