



Returning Student Enrollment Form: 2018 Fall Classes

Student Name _____ Birthdate _____ Age _____ Gender: M F

Parent/Guardian Name _____

Our Information **HAS NOT** changed from last semester (*If information has changed, please use the new student enrollment form*).

2018 Fall Class Options (Please check all classes the student will be participating in)

Home School Drama:

- Tuesday Class (combined ages) \$120 Wednesday Class (combined ages) \$120

_____(Initial) I understand that there are performances for each Homeschool Drama class at the end of the semester on December 11th at 10:00am and 6:30pm or December 12th at 1:00pm and 6:30pm.

Pre-Teen Saturday Classes:

- Storybook Series \$70 Pre-Teen Improv \$70 Musical Theatre \$70
 Pre-Teen Saturday Pass (enrollment for all three Pre-Teen Saturday Class Options) \$170

_____(Initial) I understand that there are two (2) performances for Storybook Series on October 27th & December 15th.

_____(Initial) I understand that Pre-Teen Improv has a performance on the last day of class, December 15th.

_____(Initial) I understand the Musical Theatre class has a performance at the end of the semester on December 15th.

Teen Saturday Classes:

- Short Film & Viral Marketing \$50 Teen Improv \$70 Teen Workshop Hour \$70
 Teen Saturday Pass (enrollment for all three Teen Class Options) \$170

_____(Initial) I understand that there are three (3) performances for Teen Improv on October 20, November 10, & December 15th. I also understand that my student must attend class the day of the performance to participate that evening.

Classes may require dancing and other fast paced movements and choreography. Please use the space provided to list any limitations, special instructions, or any information about your child that you wish to share with the Clark Youth Theatre Staff and Instructors. Please include allergy information if applicable.



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LIABILITY RELEASE

I agree to abide by the rules and regulations of Clark Youth Theatre Inc. as may, from time to time, be published and amended. I and/or my child will conduct myself in a reasonably prudent and safe manner at all times while participating in instruction or otherwise on facility property or grounds.

I acknowledge and fully understand that I or my child will be engaging in physical activity and exertion that may result in injury, disability, or other harm to myself or to others. Knowing the risks, I assume all such risks and accept personal responsibility for the damages following such injury, which I, or my guests or invitees, may suffer. Further, I acknowledge that there may be other risks not reasonably foreseeable at this time and assume such risks.

I agree to make Clark Youth Theatre Inc. aware of, and have indicated on the enrollment form, any medical conditions that my child, or I have, and any religious or ethical convictions that I have that may affect medical treatment. I also agree to allow Clark Youth Theatre Inc. to seek medical help, if I or my child, are thereby injured, and further allow Clark Youth Theatre Inc. staff members to provide minor wound care, including but not limited to the dispensing of over the counter medications, if indicated.

I hereby release Clark Youth Theatre, Inc., its teachers, directors, staff, board members and other volunteers or any designated venues for lessons, performances, rehearsals, or competitions from liability for any and all loss, harm, damages or injuries that I or my child, may sustain while attending class, rehearsing, competing, or performing, including, but not limited to legal damages, compensatory damages, punitive damages, costs and expenses of litigations and attorney's fees.

IN CASE OF EMERGENCY:

I give permission for my child to receive first-aid care while attending camp. Should it become necessary for her/him to receive professional medical, surgical or dental treatment, I authorize camp personnel to give the necessary "parental consent" in our stead for a licensed physician, surgeon or dentist to administer treatment when they deem necessary including emergency transportation, hospitalization and surgery. I understand that every effort will be made to contact me immediately upon discovery of an emergency. I further agree to take full financial responsibility for all expenses that might be incurred, and give permission for the release of any records necessary for treatment, referral, billing or insurance purposes. This consent is given in advance of any specific diagnosis or treatment required.

Parent/Guardian Signature _____

OR

For religious or other reasons, I do not give consent for emergency medical care; I take full responsibility for this action. Attached instructions are to be followed in the case of a medical emergency.

Parent/Guardian Signature _____

PHOTO/VIDEO RELEASE

I give permission to Clark Youth Theatre, Inc. to use, for no compensation, photographs, film footage, and/or audio recordings, which may include my child's image or voice for purposes of promoting Clark Youth Theatre Inc. I release the Clark Youth Theatre, Inc., its officers, employees, representatives and support organizations from any, and all liabilities arising from the use of these items and waive the right to inspect or approve the finished photographs and/or tapes before they are used. This release expires in one (1) calendar year.

I AGREE THAT THE INFORMATION ABOVE IS ACCURATE AND CORRECT AND ACKNOWLEDGE THE CLASS DATES AND PARTICIPATION FEES. I HAVE READ AND UNDERSTAND THE ABOVE WAIVER AND RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE OR ARE THE PARENT OR GUARDIAN WITH LEGAL RESPONSIBILITY FOR THE ABOVE NAMED STUDENT.

Parent/Guardian Signature _____

Date _____

Please submit enrollment form to Clark Youth Theatre by mail at 4825 S. Quaker Ave, Tulsa, OK 74105; or by email at clarkyouththeatre@gmail.com. Payments can be made in person, mailed check, or over the phone with a credit card. Please may all payments to Clark Youth Theatre.