



# New Student Enrollment 2021 Winter Workshops!

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternative Phone # \_\_\_\_\_

Parent Email: \_\_\_\_\_

School \_\_\_\_\_ Grade in Fall \_\_\_\_\_

**Emergency Contact** *(Must be someone other than parent listed above)*

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Primary Phone # \_\_\_\_\_

**2021 Winter Workshop Options (Please check all classes the student will be participating in)**

**Preteen Winter Workshops January 23-February 20, 2021:**

- |   |  |
|---|--|
| <input type="checkbox"/> 10 Workshop Pass \$125                                   | <input type="checkbox"/> February 6 <sup>th</sup> Character Analysis \$25        |
| <input type="checkbox"/> 5 Workshop Pass \$90                                     | <input type="checkbox"/> February 6 <sup>th</sup> Vocal Master Class \$25        |
| <input type="checkbox"/> 3 Workshop Pass \$60                                     | <input type="checkbox"/> February 13 <sup>th</sup> Improv \$25                   |
| <input type="checkbox"/> January 23 <sup>rd</sup> Improv \$25                     | <input type="checkbox"/> February 13 <sup>th</sup> Ten Minute Plays \$25         |
| <input type="checkbox"/> January 23 <sup>rd</sup> Vocal Master Class \$25         | <input type="checkbox"/> February 20 <sup>th</sup> Vocal Master Class \$25       |
| <input type="checkbox"/> January 30 <sup>th</sup> Acting Audition Techniques \$25 | <input type="checkbox"/> February 20 <sup>th</sup> Theatre Dance Essentials \$25 |
| <input type="checkbox"/> January 30 <sup>th</sup> Ten Minute Plays \$25           |  |

\_\_\_\_\_(Initial) I understand that these are all self-contained workshops with no performances except during class time; no classes are open to the public but may be filmed at staff discretion. I understand all classes will be held indoor with restricted class sizes, masks, and social distancing.

**Teen Winter Workshops January 23-February 20, 2021:**

- |   |  |
|---|--|
| <input type="checkbox"/> 10 Workshop Pass \$125   | <input type="checkbox"/> January 30 <sup>th</sup> Ten Minute Plays \$25          |
| <input type="checkbox"/> 5 Workshop Pass \$90   | <input type="checkbox"/> February 6 <sup>th</sup> Vocal Master Class \$25        |
| <input type="checkbox"/> 3 Workshop Pass \$60   | <input type="checkbox"/> February 13 <sup>th</sup> Using Your Voice \$25         |
| <input type="checkbox"/> January 23 <sup>rd</sup> Vocal Master Class \$25   | <input type="checkbox"/> February 20 <sup>th</sup> Theatre Dance Essentials \$25 |
| <input type="checkbox"/> Jan 23 <sup>rd</sup> -Feb 20 <sup>th</sup> Henthorne Experience Writing Workshop – Use 5 workshop pass price |  |

\_\_\_\_\_(Initial) I understand that these are all self-contained workshops with no performances except during class time; no classes are open to the public but may be filmed at staff discretion. I understand all classes will be held indoor with restricted class sizes, masks, and social distancing.



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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, sickness 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., it's 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, sickness 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** \_\_\_\_\_



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## **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 AM 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](mailto:clarkyouththeatre@gmail.com). Payments can be made online at [www.clarkyouththeatre.com](http://www.clarkyouththeatre.com), in person, by mailed check, or over the phone with a credit card. Please may all payments to Clark Youth Theatre.