

# Civic Theatre West Academy Registration Form for 2010-2011 Season

Please print clearly and use one form per child. Any omitted information below may delay registration so please make sure to fill out the form completely.

Student's Name (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last) \_\_\_\_\_

Gender (circle one) M F Student's Ethnicity: (optional, grant reporting purposes only) \_\_\_\_\_

Age \_\_\_\_\_ Grade in Fall of 2010 \_\_\_\_\_ School in Fall 2010 \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Work/Cell Phone (\_\_\_\_) \_\_\_\_\_

E-Mail (**your confirmation will be sent via e-mail**) \_\_\_\_\_

Parent/Guardian names \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**Please check Yes or No**

1. I grant permission to print a promotional photo of my child for use in marketing materials. Yes \_\_\_\_\_ No \_\_\_\_\_
2. This is my child's first Academy class at Magic Circle Theatre. Yes \_\_\_\_\_ No \_\_\_\_\_
  - If you answered "yes" to #2, you need to attend the PARENT ORIENTATION SESSION which takes place the first day of your child's class in the lobby. Class will last approx. 30 minutes.
3. List your child's previous roles (if any) for the show you are registering for: \_\_\_\_\_

**Class Selection (Please see "Class Listings" Page):**

- Please indicate choices in order of your preference.
- If your 1<sup>st</sup> choice is not available at time of registration, you will be registered in the next available choice noted
- Please do not choose a class as a second choice unless you are willing to attend that session.
- In the event that all choices are filled, you will be placed on a wait list for the 1<sup>st</sup> choice.

**Example: Class Code Fall LO or Youth Class Description Tues or Wed Dates 8/31to 10/15 Tuition 110.00 or \$185.00 youth**

1<sup>st</sup> Choice: Class Code \_\_\_\_\_ Class Description \_\_\_\_\_ Dates \_\_\_\_\_ Tuition \$ \_\_\_\_\_

2<sup>nd</sup> Choice: Class Code \_\_\_\_\_ Class Description \_\_\_\_\_ Dates \_\_\_\_\_ Tuition \$ \_\_\_\_\_

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| <p><b>MUST BE SIGNED TO PARTICIPATE</b><br/>As a condition to my child's participation in the Civic Theatre West Academy, I hereby release and hold harmless Civic Theatre West Academy, Civic Theatre West, and all of their respective owners, employees, agents, and representatives, from and against all claims, damages and other liabilities whatsoever, including but not limited to personal injury, illness or property damage, which relate in any way to my child's participation in the Civic Theatre West Academy.</p> <p>_____<br/>signature of parent/guardian      date</p> <p>_____<br/>signature of student                      date</p> | <p><b>Tuition</b><br/>Class Tuition total ..... + \$ _____</p> <p><b>Each student will receive:</b><br/><b>(1) one free t-shirt - ***Shirt Size _____,</b><br/><b>(4) four comp tickets to the performance,</b><br/><b>and (1)one Ticket to the Cast Party.</b></p> <p>Optional Snack Program (\$55 / 10 meals)      \$ _____</p> <p><b>GRAND TOTAL .....+ \$ _____</b></p> <p><b>3. Circle Payment Method:</b><br/>MasterCard    Visa      Discover    Personal Check</p> <p>Name _____ Signature _____</p> <p>Card# _____ Exp date ____/____</p> <p><b>Questions? Call (916) 782-1777 or email michelle@civicwest.org</b><br/><b>Please mail forms to: Civic Theatre West Academy</b><br/><b>241 Vernon St., Roseville, CA 95678</b></p> |
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