

2019-2020 | REGISTRATION

Please select class (Please consult the Class/Production Calendar for classes, rehearsals, tech rehearsals, and performance dates. All participants must be able to attend all required dates.)

CLASS	REGISTRATION DEADLINE
<input type="checkbox"/> Fall 2019 <i>Frozen Jr.</i> Grades 3-8 <input type="checkbox"/> Spring 2020 <i>Footloose</i> Grades 7-12 <input type="checkbox"/> <i>I Will Shakespeare</i> (Sep-Apr) Grades 7-12 <input type="checkbox"/> The Touring Company (Sep-Apr) Grades 7-12 <input type="checkbox"/> Spring Into Creative Dramatics (Camp) Grades K-2 <input type="checkbox"/> Summer Theatre Experience (Camp) Grades K-12	August 5, 2019 December 16, 2019 August 12, 2019 August 5, 2019 February 10, 2020 May 15, 2020

Checks made payable to Palm Beach Atlantic University
 Mail to: Palm Beach Atlantic University Children's Theatre
 Becky Saunders
 PO Box 24708 | West Palm Beach, FL 33416

STUDENT INFORMATION		
Last Name	First Name	Middle Name
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade (Fall of 2019)
Street Address (mailing address)		Apartment/Unit #
City	State	Zip Code
School		
Please list any theatre experience (or attach resume and headshot)		
PARENT/GUARDIAN INFORMATION		
Parent/Guardian's Last Name	Parent/Guardian's First Name	Parent/Guardian's Home Phone
Parent/Guardian's E-mail Address (checked regularly)		Parent/Guardian's Cell Phone

PLEASE USE A SEPARATE REGISTRATION FOR EACH CHILD.

PLEASE COMPLETE THE MEDIA & EMERGENCY TREATMENT/LIABILITY RELEASE FOUND ON REVERSE.

MEDICAL & EMERGENCY

Emergency Contact's Last Name	Emergency Contact's First Name	Emergency Contact's Home Phone
Emergency Contact's Relationship		Emergency Contact's Cell Phone

Please describe any special medical or behavioral concerns, allergies, or physical conditions that may affect your child's participation which you would like us to be aware:

RELEASE OF LIABILITY AND HOLD HARMLESS

In the event of an accident or illness, I understand that every reasonable effort will be made to contact a parent/guardian immediately. However, if I am unavailable, I authorize the PALM BEACH ATLANTIC UNIVERSITY CHILDREN'S THEATRE staff to secure emergency medical care for my child as needed. Although I understand that PALM BEACH ATLANTIC UNIVERSITY CHILDREN'S THEATRE will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in theatre arts, which may include physical injury or other consequences arising or resulting from the program. Being fully aware of these risks, I hereby consent to my child's participation in this program and agree to hold the PALM BEACH ATLANTIC UNIVERSITY and PALM BEACH ATLANTIC UNIVERSITY CHILDREN'S THEATRE staff harmless in any event.

PLEASE SIGN HERE:
Parent/Guardian Signature: _____ Date: _____

PHOTO/VIDEO/RECORDING CONSENT AND RELEASE

I, the undersigned, am the parent or guardian of my minor child named below, with full authority, herein to give this legally-binding Release to Palm Beach Atlantic University, Inc. ("PBA"), individually and on behalf of my minor child. For valuable consideration received, I, individually and on behalf of my minor child, hereby consent to and authorize PBA, and those acting pursuant to its authority, to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- (b) Use my name in connection with these recordings.
- (c) Publish, re-publish, adapt, exploit, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or re-use in any medium including, but not limited to, print publications, video tapes, DVD, CD-ROM, Internet/WWW, these recordings for any purpose that PBA, and those acting pursuant to its authority, deem appropriate, including, but not limited to, promotional or advertising efforts.

I release PBA and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of PBA. I represent and warrant that I am the parent or legal guardian of my minor child and am fully competent and authorized to execute this Release. I have read and fully understand the terms of this Release.

PLEASE SIGN HERE:
Parent/Guardian Signature: _____ Date: _____