

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

PRODUCTION CLASS	REGISTRATION DEADLINE
<input type="checkbox"/> Fall 2023 <i>Peter And The Starcatcher</i>   Grades 6-12 <input type="checkbox"/> Spring 2024 <i>Disney's The Little Mermaid Jr.</i>   Grades 4-12 <input type="checkbox"/> Summer Camp 2024 <i>Disney's Finding Nemo KIDS</i>   Grades K-8	August 4, 2023 December 29, 2023 May 24, 2024

STUDENT INFORMATION		
Last Name	First Name	School
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Completed 2023-24
Street Address (mailing address)		Apartment/Unit #
City	State	Zip Code
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 Cell Phone
Parent/Guardian's E-mail Address (checked regularly)		
ABSENCES		
<p>While it is understandable that circumstances arise, which will prevent a student from attending a rehearsal, when attendance for rehearsals begin to affect a student's ability to maintain his or her role, parts may be reassigned. Students who miss choreography or staging during a rehearsal may or may not be included in that particular number during the staged performance(s).</p> <p>I have reviewed the above Absences Policy with my child and understand unexcused absences (not noted on Audition/Conflicts form) may result in reassignment of roles and staging.</p> <p>PLEASE SIGN HERE:            Parent/Guardian Signature: _____ Date: _____</p>		

**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 Cell Phone
Emergency Contact's Relationship		
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 above, 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: \_\_\_\_\_

## PBA GUIDING PRINCIPLES

I agree to abide by PBA Children's Theatre policies and understand PBA Children's Theatre follows Palm Beach Atlantic University's guiding principles dedicated to the development of moral character, the enrichment of spiritual lives and the perpetuation of growth in Christian ideals.

PLEASE SIGN HERE:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_