

LCMTW/STUDIO 253 REGISTRATION FORM

PLEASE PRINT AND COMPLETE A COPY OF THIS FORM FOR EACH CHILD ENROLLED.

CONTACT INFORMATION

Student Name: _____

Student email: _____

Mailing Address: _____

Zip Code _____ Age _____ School _____ Grade _____

EMERGENCY CONTACT INFORMATION

Parents or Legal Guardians: _____

Phone #s: _____

Email: _____

Additional emergency contact: _____

Phone #: _____ Relationship to student: _____

Student issues (medical or other) that we should be aware of? _____

What classes are you registering for this session? _____

How did you hear about this program? _____

Parent/Guardian/Adult Student Consent: I have read, understood and agree to comply with the LCMTW/STUDIO 253 policies. I agree to fiscal and civil responsibility for any harm that I or my child may cause to property or others as a part of participation in these programs. I agree to release Deborah Kassner, Studio 253 and Laramie Children’s Musical Theater Workshop, LLC from all liability, to hold them harmless, and to indemnify them from all claims arising from participation in these programs.

Signature	Print Name	Date
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Media release: I hereby give my permission for LCMTW/Studio 253/Deborah Kassner to use and reproduce photographs in which my child appears in promotional materials and in any and all media, and waive any right that I may have to inspect and approve said photographs or copies used in connection therewith, or to receive compensation for use of said photographs.

Signature	Print Name	Date
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A CONFIRMATION EMAIL will be sent on the day your registration and payment are received.

LCMTW/STUDIO 253 CLASS POLICIES can be found under “FAQs” on our website:

www.laramiechildrensmusicaltheater.weebly.com