



# Acting Academy Application

(Fill Out One Form For Each Student. No Area Should Be Left Blank)  
(Fees include a non-refundable \$35.00)

NAME		GRADE	AGE
MAILING ADDRESS		CITY	STATE ZIP
EMAIL (THIS IS HOW WE WILL DO MOST OF OUR COMMUNICATION)		CELL PHONE/ HOME PHONE	
PARENT/GUARDIAN NAME		EMERGENCY CONTACT NAME / PHONE	

3 PEOPLE WHO CAN PICK UP YOUR CHILD (WITH PHOTO ID AT TIME OF PICK-UP)

DESIGNATED HOSPITAL

LIST ANY OF THIS STUDENT'S ALLERGIES OR MEDICAL CONDITIONS

CHECK THE SESSION YOU WILL BE ATTENDING

<b>BEGINNERS ACTING CLASS</b> Ages 6-8 THURSDAY, 4:00-4:50		<b>BEGINNERS ACTING CLASS</b> Ages 9-14 THURSDAY, 5:00-5:50	
Fall Only	\$80.00	Fall Only	\$80.00
Spring Only	\$80.00	Spring Only	\$80.00
Fall and Spring save 15%	\$125.00	Fall and Spring save 15%	\$125.00

Has the student previously participated with Theatre Victoria's School of Performing Arts? **Yes or No**

What goals do you (or your child) hope to accomplish by attending classes?

*By signing this form, I agree that my safety is primarily my own responsibility. I agree to make sure that I know how to safely participate in the Activity, and I agree to observe any rules and practices that may be employed to minimize the risk of injury. I agree to stop and seek assistance if I do not believe I can safely continue, to limit my participation to reflect my personal fitness level, and to refrain from any and all actions that would pose a hazard to myself or others.*

*By signing this form, I agree to allow my child to participate in Theatre Victoria's Acting Academy and to release, waive, discharge, and covenant not to sue, and agree to hold Theatre Victoria & Victoria College, its trustees, officers, servants, agents, volunteers and employees from and against any and all liabilities, demands, claims, or injuries, including death, that I may sustain during or in conjunction with the Activity.*

*By signing this form, I authorize Theatre Victoria permission to use, print, or publish photographs for promotional and educational purposes.*

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

OFFICE USE ONLY

REGISTRATION DATE	CASH	CHECK	CREDIT CARD	FALL	SPRING	BOTH
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