

CTG Fall Classes Registration Form

Community Theatre of Greensboro
200 N. Davie Street #9, Greensboro, NC 27401
336-333-7470 (phone) 336-333-2607 (fax)

Students Name: _____

Grade _____ Age _____ Birthdate _____

Parent's Name: _____

Address _____ City _____ Zip _____

Phone# (h) _____ (w) _____ (c) _____

Email _____

(Please check all that apply)

Theatre Tots (ages 3-5) _____ (\$85) _____

Beginning Acting (ages 6-9) _____ (\$85) _____

Musical Theatre (ages 6-9) _____ (\$85) _____

Beginning Acting (ages 10-12) _____ (\$85) _____

Musical Theatre (ages 10-12) _____ (\$85) _____

Acting 101 (ages 13-15) _____ (\$85) _____

Musical Theatre (ages 13-15) _____ (\$85) _____

PLEASE CHOOSE PAYMENT OPTION

CASH ___ CHECK ___ AMEX ___ VISA ___ MC _____ Total Amount Due \$ _____

CREDIT CARD NUMBER _____

Exp Date _____ Security Code: _____

SIGNATURE _____

Child's Health History

1. Allergies (Please Circle)

Bee Stings Penicillin Dairy Products

Other: _____

2. Has your child been diagnosed with any of the following?

___ TB ___ Heart Condition ___ Kidney Problems ___ Diabetes

Other: _____

3. Recent Injuries: (Please explain) _____

4. Special requirements:

Medication during the day ___ Special Diet _____

Explain: _____

Student Emergency Information

Home Phone # _____

In case of emergency, we need two contacts

1. Emergency Name: _____

Emergency Phone: _____

Emergency Name: _____

Emergency Phone: _____

Mom Work # _____ Cell: _____

Dad Work # _____ Cell: _____

Special Needs

Please use this space to share with us any special health, behavioral, learning, or other needs your child might have. All information is confidential.

In connection with the registration of your child for the theatre classes and/or theatrical performances to be conducted by The Community Theatre of Greensboro, and in consideration of your enrollment and/or consent of said child in such classes and/or performances, I/we the undersigned parent(s), acknowledge that I/we have been informed fully on the activities to be offered to said child and consent thereto; represent that said child/children are in good health and physically fit and capable of participation in the theatrical programs and performances to be offered by The Community Theatre of Greensboro; acknowledge the risks and hazards of physical injury inherent in theatrical workshops and performances and hereby assume all such risks and hazards; and I/we hereby release, waive, and agree not to assert against Community Theatre of Greensboro, the Greensboro Cultural Center, each of its directors, teachers, officers, supervisors, agents, or employees, any claim for injury to said child in consequence of or incident to such training, performance or other activities.

In case of an emergency, if the staff of the Community Theatre of Greensboro is unable to reach me/us by phone, or it is a situation that appears to require immediate emergency medical assistance, I/we hereby give my/our permission for the staff to contact 911 and secure treatment for my/our child as named in the emergency information.

Name of Child _____

I/we have read the above and agree to its content.

Name of parent(s) or legal guardian. (PLEASE PRINT)

SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN

_____ Date _____

****CLASS TUITION IS NON-REFUNDABLE****