REGISTRATION FORM for STUDENT THEATRE CLASSES/CAMPS/PRODUCTIONS with TS@NCRT

This letter contains important information for both new and returning families. Enclosed is a release of liability form, which must be signed and returned by the first day of class/camp/rehearsal for your actor to participate. We are excited to have you join us!

LATE POLICY: Please do not pick up your young actor late. You will be assessed a $20 late charge for EVERY 15 minutes that you are late picking up your child. If you are going to be late, please be sure to e-mail or call your **Instructor, Camp Coordinator, or Stage Manager, they should have emailed you prior to the first day with a welcome letter and their contact information, or the Director of Theatre School – Ben Cole, Ben@northcoastrep.org, 858-481-2155 ext. 216.** Please note you will still be charged a late fee.

LOCATION: Unless otherwise noted, rehearsals are in the Theatre School classroom and studio rehearsal space: 985 Lomas Santa Fe Drive, Suite D, Solana Beach, CA 92075. The suite is between Block Advisors & Craftsman Revival. This is located on the east side of the I-5. Drop-off and Pick-up of students each day should take place in the parking lot just outside this suite. Students will not be released on their own unless specific written permission is obtained from parents or guardians.

REFUNDS: Prior to first day of rehearsal fees are 100% refundable. Upon the first day all fees become non-refundable whether or not student was in attendance.

OUR PROGRAM: Our program is process oriented. This means the rehearsal sessions are geared toward learning the craft of theatre arts while expanding student's imaginations. Our directors and staff are all working professionals and will be focused on teaching our actors the tools they will need to be successful. Our rehearsals are closed to parents, friends, and family. Thank you for giving students space to grow, and privacy to explore.

RESPECT: It is important that every actor treats everyone with RESPECT. No bullying is tolerated. Each cast member is equally important and valued. If any student feels they are being targeted or is experiencing any issue, then please bring it to the attention of the Director or Stage Manager so it can be addressed. We want to welcome and support ALL students, so everyone has a positive experience.

WHAT TO WEAR: Please wear comfortable clothing that you can fully move in, and wear closed toe shoes (no flip flops, sandals, or crocs). If clothing is inappropriate, student may be asked to change, sit out, or leave rehearsal.

WHAT TO BRING: Food is not provided for students, but they are welcome to bring their own snacks or meals. Please have actors bring their own bottle for water (preferably labeled with their name, pen/pencil and notebook and any other class materials an instructor may assign. Please take all personal belongings home after rehearsal. If anything is left, they will either go to the lost and found in the box office or be thrown away. NCRT is not responsible for lost or left behind items.

NO GUM OR NUTS are permitted in any of our spaces. Gum can be a choking hazard while participating in theatre activities and is a huge mess when spit out in our space. We regularly have students with serious allergies to all nuts. Thank you for helping us to protect our space and students.

Again, we welcome you to The Theatre School @ North Coast Repertory. We will do our best to make this a rewarding and lasting experience for you! If any issues come up, please notify us ASAP so we can address them.

Sincerely,
Ben Cole - Director of Theatre School Education & Outreach @ North Coast Rep
Ben@northcoastrep.org 858-481-2155 ext. 216

REGISTRATION FORM for STUDENT THEATRE CLASSES/CAMPS/PRODUCTIONS with TS@NCRT

RELEASE OF LIABILITY for Student Participation in **CLASS/CAMP/PRODUCTION TITLED: _____**
NAME OF STUDENT ACTOR: _____

Please take the time to read, initial in **five required** places and **one optional** place, sign and return to NCRT.

MEDICAL TREATMENT PERMISSION & RELEASE

I give my permission to North Coast Repertory Theatre; its employees, agents, assigns, or contractors to secure needed medical or dental treatment for my child. I agree to assume financial responsibility for the cost of such treatment.

The laws of the State of California shall apply to this Medical Treatment Permission & Release. If any of the provisions, terms, clauses, or waivers or releases of claims or rights contained herein are declared illegal, all other provisions, terms, clauses and waivers and releases of claims and rights contained herein shall remain valid and binding. **Please list any medical, social, or behavioral matters we should know about, as well as any food allergies or medications they are currently taking: _____**

Initial Required: _____ _____

LIABILITY

I understand that there are hazards and risks, as well as benefits, associated with my child's participation in educational, recreational, and/or performance activities in NCRT classes; including but not limited to the risk of theft, damage to personal property, and/or personal injury. I, on behalf of myself, my child, my or their heirs, executors, administrators, agents, assigns, and other personal representatives, irrevocably and unconditionally remise, release, settle, compromise and forever discharge any and all manner of suits, actions, causes of action, damages and claims, that I or my child, have or may have against NCRT and/or its trustees, officers, employees, agents, assigns, or contractors.

Initial Required: _____

IMAGE/NAME PERMISSION & RELEASE

Occasionally, NCRT staff members wish to videorecord, photograph, or otherwise record the activities of our theatre school students for publicity uses or for our archives. I give permission for my child as a participant in the Program to be videorecorded, photographed, or otherwise have their image or voice recorded, in connection with the Program. I give permission for NCRT to use-said videorecording, photograph, name and/or recorded materials. I hereby waive and release any rights that I may have to said videorecording, photograph, and/or recording.

Initial Required: _____

LATE POLICY

By signing below, I declare that I have read and understand the conditions outlined in the enclosed welcome letter. I understand that a late charge of $20 will be applied for every fifteen minutes, or portion thereof, that I am late in picking up my child, unless I have signed up for after-care [when available]. I also understand that if I make alternate arrangements for the pickup of my child, I must notify NCRT in writing, text, or email.

Initial Required: _____

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REFUND POLICY

I understand that after my child attends their first day of camp, class, or rehearsal no refunds will be issued for any reason.

Initial Required: _____

PERMISSION TO LEAVE THEATRE SCHOOL SPACE UNATTENDED BY ADULT

I allow my child to be released from the Theatre School space during breaks or after class completion unattended and without adult supervision and release NCRT from any liability.

OPTIONAL Initial: _____ (Please note: initialing this field is not required, and if not initialed, student will not be released from our space without being signed out in the presence of a parent, guardian, or family member.)

I am an adult, competent to sign this document. My initials by each section above, and signature below, indicate I have read and understand the contents.

ACCEPTED AND AGREED BY:

Parent's/Guardian's Name & Date _____

Parent's/Guardian's Signature _____

Student's **Name** & **Date of Birth** _____

Address / City / State / Zip Code _____

Primary Phone #: _____ Secondary Phone #: _____

Parent's/Guardian's E-Mail: _____

Student's E-Mail (if parents give permission) _____

Please check one option for Payment of any early drop off/late pick up fees or how you wish to pay production fee. Please disregard if already enrolled online or through box office for classes and camps.

Cash___ Check ___ Credit Card ___ Over the phone with Box Office (858-481-1055) ___

Card Type: Amex ___ MC ___ Visa ___ Discover ___ Card # _____ Exp. _____ Sec. Code ___

Name on Card _____

Signature _____

By signing, I authorize my card to be charged for any early drop off/late pick up fees, or production fee.

Production Fee Amount:

$550.00 _____ (regular)

$275.00 _____ (if enrolled in a TS@NCRT class at same time as production)

$0.00 _____ (if receiving a scholarship)