



Student Name _____ Age _____

Address _____ Zip _____

Student's email _____ Parent's email _____

Select classes:

Acting 101 Improvisation Acting for Film

1st Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

2nd Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____

Cell Phone: _____

Child resides with: 1st Parent _____ 2nd Parent _____ Guardian _____ Both _____ Other _____

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the director and will be kept confidential.

Please list any other information you'd like to include about your child:

Parents Signature: _____ Date: _____

Please print all information clearly



Name of Child: _____ Today's Date _____

The Youth Acting Corner does not discriminate on the basis of race, color, sex, handicap, religion or national origin. The Youth Acting Corner reserves the right at its sole discretion to refuse an application or dismiss a child from classes. No refund will be made of fees if the child has attended any portion of the class period.

Parent/Guardian's Signature: I understand and accept these guidelines

Parent/Guardian's Signature: _____

I give The Youth Acting Corner permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at The Youth Acting Corner and can be used for promotional purposes without notification.

Parent/Guardian's Signature: _____

I authorize the class management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the class involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

Parent/Guardian's Signature: _____

Hospital preferred _____

By signing below, I agree to adhere to all the Policies and Procedures set for by The Youth Acting Corner and DD's Showbiz.

Parent/Guardian's Signature: _____ Date: _____