



2019-2020 CONTACT & PAYMENT INFORMATION

1. Student Name: _____ Student D.O.B: _____
2. Student Name: _____ Student D.O.B: _____
3. Student Name: _____ Student D.O.B: _____

Parent's names: _____

Parent's e-mail: _____

Mailing address: _____

Home phone: _____ Cell Phone: _____

Emergency Contact & Phone number: _____

Allergies? (Y/N) If yes, please list: _____

Financial Commitment Letter

By registering with NY Stage Youth Theatre, we are committing to provide your student with a high quality educational and performance experience. By signing this commitment letter, you as the parent, agree to be responsible for the commitment fees assigned to the production your child is registered for. Production fees are non-refundable. Production fee is due at the first rehearsal. NY Stage accepts Cash, Credit and On-Line Payments. (Sorry No Checks). I understand the above financial obligation and agree to pay fees in full before first rehearsal to maintain the roles assigned.

Education/Workshop Fees:

\$285 for first child (Includes: 1 T-Shirt)

\$165 for each sibling (Includes: 1 T-Shirt)

Parent/Guardian Signature _____ Date: _____

LIABILITY RELEASE AND WAIVER

In consideration of being allowed to participate with NY Stage Productions and their related events and activities, the undersigned:

1. Acknowledge and fully understand that each member/participant may be engaging in activities that involve risk of injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death. I understand every effort will be made to contact a parent or emergency contact. If we cannot be reached, I give my consent for the emergency room physician to treat my child.
2. Release, waive, discharge and covenant not to sue NY Stage Productions or its affiliates, their respective administrators, directors, volunteers, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
3. I hereby grant NY*Stage Productions permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Signature of Parent/Guardian _____ Date: _____

(Attach a resume or list several of your most recent shows on back.)