**SADDLE RIVER YOUTH THEATRE - REGISTRATION FORM 2018-2019**

**SRYT.INFO SRYT.ORG BOX OFFICE: 201-825-8805 EMAIL: srytheatre@aol.com**

**PROGRAM NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TODAY’S DATE:\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENTS’ NAMES**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT’S NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT'S AGE AND GRADE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLETE MAILING ADDRESS WITH ZIP CODE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOME PHONE & CELLPHONE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMERGENCY CONTACT NAME AND PHONE NUMBER**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT'S EMAIL (Mandatory**):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_YES, \_\_\_\_NO, I will (not) allow my child's PICTURE and FIRST NAME to be used on SRYT's website, printed & press materials.

\_\_\_\_\_YES! I am interested in a Parent Volunteer Opportunity and understand that SRYT will contact me.

**MEDICAL RELEASE:** "I hereby give permission to SRYT to proceed with emergency treatment for my child in the event of accidental injury or illness in the event the family or the emergency contacts cannot be reached."

**PARENT OR GUARDIAN INITIAL HERE**\_\_\_\_\_\_.

**GENERAL INFORMATION**: (continue on back of this form)

Where did you hear about our program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had past experience with other theater or dance schools?

 If Yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you allow your child to take Children's Tylenol? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL AND HELPS SRYT TO UNDERSTAND, AND WORK WITH PARENTS TO MEET, THE NEEDS OF THE INDIVIDUAL CHILD.**

Does your child have any medical conditions we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does your child have emotional. learning or physical issues that we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Are there any domestic or social issues we should be aware of? (divorce, death in family, bullying) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHEDULING CONFLICTS:** (continue on back of form)
LIST ONLY SHOW CONFLICTS & REHEARSAL ABSENCES - IF YOUR CHILD CANNOT ATTEND THEIR OWN REHEARSAL-- THEY SHOULD ATTEND ANOTHER CAST'S REHEARSAL TIME.
CAST REQUESTS MAY BE LISTED HERE BUT CANNOT BE GUARANTEED.
**SRYT GUIDELINES AGREEMENT:** Auditions are for character placement only--every student gets a part. Your child will be asked to sign a Student Contract that states they will accept any part from the list of guaranteed parts on their contract. They will also agree to learning their lines, songs and dance steps by the due dates given out by the Directors. (There is no refund of tuition after this audition. Please explain this to your child before they proceed with the audition. Refunded tuitions are only given out in the event of illness or catastrophic family event.)
SRYT Guidelines are available on a downloadable Word document on our Member Portal Website: SRYT.ORG on our "Downloadable Current Forms" PAGE.
**I have thoroughly read the SRYT GUIDELINES for 2017-2018 and agree to the Rules and Regulations mentioned therein as terms of my child's acceptance in the program. I understand that SRYT is not responsible for any injury that may result from my child attending an SRYT rehearsal or show. I understand that there is no refund of tuition after the audition date. I agree to these GUIDELINES and TERMS by signing and dating below:**

**Parent/Guardian Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**:\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

**SRYT PROGRAM ENROLLMENT:**
We accept CASH, PERSONAL CHECK, VISA AND MASTERCARD.

Sorry we do not accept Discover or Amex!

TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE CIRCLE ONE: CASH CHECK VISA MASTERCARD

CHECK NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME ON CREDIT CARD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT CARD NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT CARD EXPIRATION DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CREDIT CARD CCV 3-DIGIT CODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS CREDIT CARD IS BILLED TO, COMPLETE WITH ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to become a SRYT Member:\_\_\_\_\_\_YES,\_\_\_\_\_NO

I am already a SRYT Member: \_\_\_\_\_\_\_YES, \_\_\_\_\_\_\_NO

Membership Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( Basic, Regular, Premiere)

I would like to RENEW My Membership At This Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Levels and Benefits are listed on our website **sryt.info**, Memberships page

I would like to JOIN at this level :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at the Yearly Membership Price of $\_\_\_\_\_\_\_\_\_

100% Tax-Deductible Donation $\_\_\_\_\_\_\_\_\_

PROGRAM TUITION $ \_\_\_\_\_\_\_\_\_

Applicable Discount(s) (-) $ \_\_\_\_\_\_\_\_\_

TOTAL $\_\_\_\_\_\_\_\_\_\_