



## 2024 Summer Stock Enrollment

### Applicant Information

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Parent Name: \_\_\_\_\_

Are you enrolling in before care? YES NO

Are you enrolling in after care? YES NO

My child has permission to leave on their own at dismissal. YES NO

My child will be picked up by someone other than the parent listed above? YES NO

If yes, who: \_\_\_\_\_

### Experience

Show: \_\_\_\_\_ Role: \_\_\_\_\_

Show: \_\_\_\_\_ Role: \_\_\_\_\_

Show: \_\_\_\_\_ Role: \_\_\_\_\_

Show: \_\_\_\_\_ Role: \_\_\_\_\_

### Education

*Please list any theatrical or dance classes taken.*

Studio: \_\_\_\_\_

Class: \_\_\_\_\_

Studio: \_\_\_\_\_

Class: \_\_\_\_\_

Studio: \_\_\_\_\_

Class: \_\_\_\_\_



*(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.*

*I acknowledge that TWP, and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.*

*I hereby consent for my child to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.*

*I understand while participating in this activity, my child may be photographed. I agree to allow my child's photo, video, or film likeness to be used for any legitimate purpose by TWP.*

*The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.*

*I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.*

*LOST OR STOLEN ITEMS: TWP is not responsible for articles left or stolen at any class or rehearsal.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A nonrefundable deposit of \$100 must be submitted with this application. There is a 20% discount for each additional sibling.

Summer Stock Fee:	\$600
Before Care (8:00 AM Drop Off):	\$100
After Care (6:00 PM Pick Up):	\$100
Discount if paid by 4/30/24	-\$50

Total Amount Due: \_\_\_\_\_

I am paying by:  Check  Credit Card

Card Number:

Expiration Date:

CSV Code:

I hereby authorize TWP to charge my credit card in the amount of: \_\_\_\_\_.

Signature \_\_\_\_\_

Mail/email registration form to:

Third Wall Productions  
3621 White Ave.  
Baltimore, MD 21206  
mike@thirdwall.org