**BREAK A LEG PRODUCTIONS, LLC**

**203-216-0995**

**MUSICAL THEATER TRAINING PROGRAM AND PRODUCTION**

**FALL 2023 REGISTRATION FORM**

Welcome to BREAK A LEG LLC online registration. Please provide your information below and **email to breakalegct@gmail.com.**

**All enrollments are considered pending until we have reviewed your registration and posted any fees due. Applicable discounts will be applied as well**.

How did you hear about us?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPANT**

**CHILD”S NAME**

**Home Address\***

**City\***

**State\***

**Zip\***

**Home or Primary Phone\***

**Birth Date\*(mm/dd/yyyy)**

**School Grade: \***

**T-Shirt Size**   (circle one)           **Kids:** S-M-L-XL **Adult:** S-M-L

**MEDICAL:**

**Allergies \***

**Medications\***

**Primary Doctor\***

**PARENT INFORMATION**

**Mother**

**Home Address\***

**City\***

**State\***

**Zip**

Home Phone **\***

Work #

Cell #

Email*(Emails are kept confidential)*

**Father**

**Home Address\***

**City\***

**State\***

**Zip**

Home Phone **\***

Work #

Cell #

Email*(Emails are kept confidential)*

**Emergency NUMBER FOR STUDENT**

Name

Last Name **\***

Type**\***   (choose one)  Father/ /Mother/Caregiver /Self

SIGNATURE OF PARENT TO ENROLL IN TRAINING:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(printed or signed)

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

ADDITIONAL QUESTIONS PLEASE EMAIL YOUR REGISTRATION FORM TO breakalegct@gmail.com