



# EXCELSIOR DRAMA CLUB REGISTRATION FORM



Session I - 2018

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian Name(Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Address(Father) \_\_\_\_\_

Address(Mother) \_\_\_\_\_

(Cell) (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

(Home Phone)(Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

(Email)(Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

In Case of Emergency (other than parent) \_\_\_\_\_ (Phone) \_\_\_\_\_

Allergies (?): \_\_\_\_\_ ***Please Check Boxes***  \$45/monthly or  \$180

**Yes, I would like to volunteer to help during the Drama Presentation**  **Yes, I will pick-up my child at 5:00**

## Waiver and Release

I, \_\_\_\_\_ (*parent name*) have chosen to have my child, \_\_\_\_\_ (*child's name*) participate in Drama Club instruction provided by Stars & Steps. I understand the nature of the activities that my child will be participating in and acknowledge that my child is in the proper physical condition and capable of participating in the activities. I understand that Stars & Steps is not in any way responsible for making such a determination and does not provide health insurance for those participating in its instruction.

In consideration of my child's enrollment in the Drama Club instruction program, I agree on behalf of myself and my child to voluntarily assume all risk known and unknown of injuries, however caused, in whole or in part by the action, inaction or negligence of Stars & Steps, its entities, owners, agents, employees and personnel (collectively "Releasees") to the fullest extent of the law. I agree on behalf of myself and my child to release and hold harmless Releasees from any and all claims, liabilities, costs and expenses arising in connection with any Drama Club instruction or related activity.

I authorize and agree that Stars & Steps may take and use photographs, videos or likenesses of me or my child as needed for its record-keeping, advertising and or public relations and promotional projects and that I have no rights to the same and will not be compensated for the same.

MY SIGNATURE IS PROOF THAT I HAVE READ AND FULLY AGREE TO THE TERMS OF THIS WAIVER AND RELEASE. I UNDERSTAND THAT I HAVE GIVEN UP CONSIDERABLE FUTURE LEGAL RIGHTS. MY SIGNATURE IS PROOF OF MY INTENTION TO EXECUTE A COMPLETE AND UNCONDITIONAL WAIVER AND RELEASE OF ALL LIABILITY TO THE FULLEST EXTENT OF THE LAW.

\_\_\_\_\_  
Print name of student participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

**Return signed registration form, waiver and release in person or by mail with payment! (Accept Checks, Cash or PayPal)**

Make Checks payable to: **Stars & Steps**, 1975 Somerdale Circle, Roseville, CA 95661 (916) 990-2390 jeannie\_larson@comcast.net