

Workshop Form WIZARD OF OZ \$20 (Please print)

Circle One

Tues. 1/2/18 6:30 - 7:30

Wed. 1/3/18 6:30-7:30

Thur. 1/4/18 6:00 - 7:00

Mon. 1/8/18 5:30 - 6:30

Tues. 1/9/18 6:30 - 7:30

Wed. 1/10/18 4:30-5:30

Student's Name: _____

Parent's Name: _____

Address: _____

City: _____ Zip: _____

Best Phone: _____ Cell Phone: _____

Parent email: _____

Student's Grade in School : _____ Age: _____ Date of Birth: ____/____/____

List all medical or emotional conditions, allergies or medications we should be aware of _____

If parents can't be reached, whom should we contact in case of emergency?

Name: _____ Phone: (____) _____

My son/daughter (Child's name) _____

has my permission to participate in the All About Music, Inc. (Herein referred to as the Company) Music Theater Workshop. As Child's Parent or Guardian, I release the Company from any and all liability, damages, or claims whatsoever for any injury or harm that may occur to my Child while participating in any rehearsal, activity or performance provided by the Company. I agree that I will make no claim or demand against the Company if an injury or accident occurs during any rehearsal, activity or performance provided by the Company. I will look to my own resources, insurance or assets to pay all medical bills, damages or losses whatsoever if any injury occurs. The term Company includes all employees, subcontractors, volunteers or other staff of the Company participating in the camp. The Company may use any photographs or video taken of my Child while participating in the camp for publicity or promotion. I also give my permission to release my Child to the emergency contact listed above.

If this is your first class with us how did you hear about our program? _____

Parent (Guardian) Signature: _____ Date: ____/____/____

Payment: Cash: _____ Check #: _____ Amount: _____ Balance \$ _____