

# Envision Theater LLC

## REGISTRATION FORM

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

### Parent/Guardian Information

Parent #1/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent #2/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

What is the name of the class your child is attending? \_\_\_\_\_

At what location are they attending this class? \_\_\_\_\_

ENVISION THEATER LLC

REBECCA LOPKIN, ARTISTIC DIRECTOR, OWNER

[WWW.ENVISIONTHEATER.COM](http://WWW.ENVISIONTHEATER.COM)

[ENVISIONTHEATER4KIDS@GMAIL.COM](mailto:ENVISIONTHEATER4KIDS@GMAIL.COM)

617-821-3097

Does your child have any impairment(s), physical or emotional characteristics, and/or medical issues that we should be aware of to make this a positive learning experience? (including allergies, medications, etc..) Yes or No

If yes, please explain:\_\_\_\_\_

Medical Action: In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the hospital and attending physicians selected by Envision Theater to take any necessary action that is in the best interest of my child.

Please Initial:\_\_\_\_\_

Liability Release: I hereby give consent for my child to participate in this class with Envision Theater. I assume all risk in regard to my child's participation in this program. I release and hold harmless Envision Theater and its staff from any liability that may result from participation in any activities associated with this class.

Please initial:\_\_\_\_\_

Photo/Video Release: As the parent/guardian of the above-named child, I grant Envision Theater permission to take photographs and video for use in the organization's materials online and in print. I further waive any and all rights to inspect and/or approve these materials that may be published, distributed and/or otherwise utilized as deemed appropriate by Envision Theater.

Please Initial:\_\_\_\_\_

I have read the registration information and understand the policies outlined. I understand that this registration contract represents a financial commitment and that there are no refunds. I certify that my child is in good health and capable of participating in all activities and/or classes. I understand that Envision Theater cannot be responsible for any lost or stolen items.

Parent/Guardian Signature:\_\_\_\_\_

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For Office use only:

Paid online:\_\_\_\_\_ Check Number:\_\_\_\_\_ Venmo:\_\_\_\_\_

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[https://docs.google.com/document/d/e/2PACX-1vS-gUt\\_FRjCP\\_5rYszzDGsBwD6csWRaEXCzGfpE\\_UAjqfPPKeJV31X81zSo6fLI4s9QyVNt7X0j85gs/pub](https://docs.google.com/document/d/e/2PACX-1vS-gUt_FRjCP_5rYszzDGsBwD6csWRaEXCzGfpE_UAjqfPPKeJV31X81zSo6fLI4s9QyVNt7X0j85gs/pub)

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