



YUKON THEATRE FOR YOUNG PEOPLE

MUSICAL THEATRE REGISTRATION FORM

Name: _____ Age: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Other emergency contact: _____

Phone: _____ Email: _____

Special Circumstances (any important information we should know):

I, _____, hereby grant to Yukon Theatre for Young People the right to reproduce, use, exhibit, display, broadcast and distribute photographed or electronic images and/or audio-video recordings of my child/ ward or myself (if over 18 years of age) for the purposes of promoting the activities of YTYP or for promoting, publicizing or explaining YTYP or its activities. These images may appear in any of the wide variety of formats and media now available YTYP and that may be available in the future.

My child/ward was not paid to appear in these photograph, electronic image and/or audio-visual broadcast and will not receive any fees for their use now and in the future.

Name of parent/ legal guardian (please print): _____

Signature of parent/ legal guardian : _____

Date: _____

I will provide 10 hours of Volunteer Service _____ or I will pay \$200: _____