Curtain Call Academy
Registration, Permission & Waiver Form

Youth's Information		
Name:		
Date of Birth:	Age:	Home Phone:
Address:		
City:	State:	Zip Code:
Parent or Guardian Name:		
Cell:	Work:	E-mail:
Parent or Guardian Name:		
Cell:	Work:	E-mail:
Emergency contact (if parents or guardian cannot be reach)		
Name:	Relationship to Youth:	
Cell:	Work:	Home:

Medical Information	
Allergies to Food: Y N	If yes, Please explain:
Any other information you would like us to know:	

Pick-Up Information	
Persons authorized to pick up youth from class	
Name:	Relationship to Youth:
Name:	Relationship to Youth:

Drop-Off Time may be no earlier than 10 minutes before class.
Pick- Up Time may be no later than 10 minutes after class.
Anytime after that parent will be charged $1 per additional min.

_____
(Parent/Guardian Initials)

Class Fees & Payment

Workshop is $60 per youth per 10 hour workshop. No refund will be issued for student cancellation. Pro-rated fee will be refunded if teacher cancels any classes. A full refund will be issued if workshop is canceled.

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(Parent/Guardian Initials)

Waiver & Permissions

Attendance & Reimbursement: I have read the description of Curtain Call Academy's Creative Drama workshop and am aware of dates, times and location for the class. If my youth will not be able to attend a class for any unforeseen reason, Instructor will be informed before the start of class by text or e-mail. I understand that if my youth is dropped from the program for not following CCA etiquette agreement I will not be reimbursed for any paid fees to Curtain Call Academy. I also understand that I am responsible for dropping off and picking up my youth on time. If myself or another authorized person is later than 10 minutes picking up my youth, I understand that additional fees may be billed.

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(Parent/Guardian Initials)

Participation & Assumption of Risk: Curtain Call Academy instructors will take all necessary precautions to ensure youth are well monitored, providing a safe and enjoyable experience. I affirm that my youth is able to follow directions for all instruction and activities in class. I acknowledge that risks from participation in class activities exists and that I give permission for my youth to attend Curtain Call Academy knowing these risks and their possible consequences, including personal injury.

_____
(Parent/Guardian Initials)

Release of Liability: As the parent or guardian of this youth, I agree that I will not hold Heather Schulz liable for any personal injury, illnesses contracted or property damage sustained during class time or while at the classes location. I agree to release Heather Schulz from any liability incurred as a result of my child's participation in classes and that these terms also serve as a release for volunteers, property owners of 12410 W. Scotts Dr El Mirage ,AZ and members of their family.

_____
(Parent/Guardian Initials)

Curtain Call Academy and instructors reserve the right to use students photos and class, performance videos for business purposes. Including but not limited to brochures, web pages and social media.

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(Parent/Guardian Initials)

I have read the above policy statements and waiver of liability and hereby agree to comply with them.

Signature of Parent/Guardian:	Date: