

Class Registration Form

9	Students Date of E	Birth:/	/
arent 1 Name:		Parent 2 Na	me:
Mailing Address:			
City:		State: Zip	Code:
*Please put the email	address that you wo	·	ion Invoice and Class Newsletter sent to
Pare	nt 1, Cell Phone #	t: ()	
Pare	nt 2, Cell Phone #	‡: ()	
LITTLES	YOUTH		vill be attending. ADVANCED TEENS Ages 12+ (By Teacher Approval)
I have	read, signed and	attached a copy of the	TWNN Class Policies.
		(Initial Here)
I have read,	signed and attach	ed a copy of the TWNI	N Image & Liability Release.
		(Initial Here)
How did you hear abo	ut TWNN?		

Parent Signature

Date

Parent Name (Printed)



*Sign & Return this Copy

Class Policies

- 1. TWNN Classes are held on Monday evenings at designated class time at TheatreWorks of Northern Nevada located at 315 Spokane Street, Reno.
- 2. TWNN Class Schedule follows the School Calendar for Washoe County School District, therefore classes will not be held on Monday's that Washoe County School are closed. (Including but not limited to, Summer, Fall, Winter & Spring Breaks as well as Monday Holidays).
 *See attached calendar.
- 3. Littles & Youth Classes will be 1 Hour long.
 - a. Little's Classes- Monday at 5pm
 - b. Youth Classes- Monday at 5pm
- 4. Teen Classes will be 1 Hour and 30 Minutes long.
 - a. Beginning & Advanced Teen Classes- Monday at 6pm
- 5. TWNN Class Tuition is due by the LAST Class of each month. TWNN will send invoices via PayPal to the email listed on the student's registration form by the 15th of each month.
 - a. Tuition for 1 Hour Classes (Littles & Youth) =\$50/month
 - b. Tuition for 1.5 Hour Classes (Teens) =\$65/month
- 6. Unpaid invoices by the 10th of the following month will accrue a \$10/Late Fee via paper invoice delivered in a sealed envelope in class.
- 7. Any classes canceled by TWNN will be credited to the following month's tuition.
- 8. Months with less than 4 classes will have prorated tuition (divide class monthly tuition by 4, that is the total per class that will be invoiced).
- 9. Students must wear appropriate clothing and shoes to safely and fully participate in Class Activities.

- 10. Photos and video taken during classes and showcases may be used by TWNN for any purpose that they deem to be fit.
- 11.TWNN will send out Class Newsletters with pertinent information, schedule of classes and other items necessary for your student's success!
- 12. Please call, text or email in your student's absence in order to allow the Teacher to prepare proper class materials for the number of students who will be present. (775.846.5816 or theatreworks.nv@gmail.com)
- 13. TWNN has a zero tolerance policy for use of, or possession of Tobacco, Drugs or Alcohol. Any student who brings or uses these items to Class with TWNN will be asked not to return.
- 14. A copy of these policies will be emailed to the email on your child's Registration Form once received.

Student Name	Student Signature	Date	
Parent Name	Parent Signature	Date	



Image & Liability: Release of Liability

As the parent or guardian of the minor child named:	
---	--

- I understand that in case of emergency or serious injury, I hereby give my permission for emergency medical treatment, as recommended by a physician, I understand that no surgical procedure will be performed without my permission and consent. I also understand that the emergency contact listed on the Registration Form will be the first point of contact at the time of the emergency.
- I understand that any and ALL medical expenses are my financial responsibility and I release TheatreWorks of Northern Nevada from all liability relating to injuries that may occur during my student's voluntary participation in TheatreWorks of Northern Nevada's Classes.
- By signing these policies, I agree to hold TheatreWorks of Northern Nevada entirely free from any and all liability including financial responsibility for any injuries incurred. I also acknowledge the risks involved in the production of the classes and its activities.
- I agree to notify TheatreWorks of Northern Nevada of any and all conditions my child may have that may increase their likelihood for experiencing injuries while participating in Classes.
- I understand that by signing these policies I forego all rights to bring suit against TheatreWorks of Northern Nevada for any reason.
- I understand that my Student must make any and all efforts to obey rules of the Classes as well as all safety requirements as outlined by the Class instructors and staff and will ask for clarification should they need it.

Image Release

|--|

- I hereby give my consent to TheatreWorks of Northern Nevada to use images and video of my Student for commercial use including but not limited to video commercials, website, social media sites, and all marketing materials whether print or video.
- By signing below, I understand that I am releasing my rights of images or videos of my Student during TWNN Classes.

Indemnification

• I shall defend, protect, indemnify and hold harmless TheatreWorks of Northern Nevada, it's officers, directors, board members, and employees from all claims, causes of action, costs or expenses, including but not limited to attorney fees, arising out of or in any way connected to the services provided to me under the policies set forth for me under this agreement.

Modification

• No amendment or change to this agreement shall be valid unless shown in writing and signed by all parties.

Entire Understanding

• This document and any exhibit attached constitute the entire understanding and agreement of the parties, and any and all prior agreements, understandings, and representations are hereby terminated and canceled in their entirety and are of no further force and effect.

Unenforceability of Provisions

• If any provision of this agreement, or any portion thereof, is held to be invalid and unenforceable, then the remainder of this agreement shall nevertheless remain in full force and effect.

	all govern validity of this agreement,	
erms, and the interpretation of the	rights and duties of the parties heret	to.
Student Name	Student Signature	Date
	S .	
Parent Name	Parent Signature	Date