



CLASS REGISTRATION FORM

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|-------------------------------|--|
| Student Name: | |
| Student Date of Birth: | |

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|--|--|-------------|---------|------|--|
| Parent/ Guardian Name: | | Cell Phone: | () | | |
| Email: <input type="checkbox"/> Check if invoices should be sent to this email) | | | | | |
| Mailing Address: | | | | | |
| City: | | State: | | Zip: | |
| | | | | | |
| Parent/ Guardian Name: | | Cell Phone: | () | | |
| Email: <input type="checkbox"/> Check if invoices should be sent to this email) | | | | | |
| Mailing Address: <input type="checkbox"/> (Check if same as above) | | | | | |
| City: | | State: | | Zip: | |

**The Parent/Guardian(s) named on this form will be listed as the emergency contact for student*

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|---|--|
| What are the students preferred pronouns? | |
| How did you hear about TheatreWorks? | |

Please check which class your student will be attending?

- ☐ LITTLES (Ages 3-6) ☐ YOUTH (Ages 7-11) ☐ BEGINNING TEENS (Ages 12+)
☐ ADVANCED TEENS (Ages 12+) Requires Teacher Approval

By signing below, I hereby acknowledge that I have completely read and fully understand the TWNN Class Policies, and TWNN Image and Liability: Release of Liability. I understand that signed copies will be emailed to the address on this form for my records.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____



CLASS POLICIES

1. TWNN Classes are on Monday evenings at TheatreWorks of Northern Nevada located 315 Spokane Street, Reno.
2. Littles & Youth Classes will be 1 hour long, and may be combined depending on class sizes.
 - a. Littles Class – Monday at 5:00-6:00p
 - b. Youth Class – Monday at 5:00-6:00p
3. Teen Classes will be 1 hour and 30 minutes long, and may be combined depending on class sizes.
 - a. Beginning & Advanced Teen Classes – Monday at 6:00-7:30p
4. TWNN Class Schedule follows the school calendar for Washoe County School District (WCSD), therefore classes will not be held on Monday's that WCSD schools are closed. (Including but not limited to: Summer, Fall, Winter and Spring Breaks, as well as Monday Holidays). **Confirm with instructor if you have any questions.*
5. TWNN Class tuition is due by the 15th of each month. TWNN will send invoices via PayPal to the email listed on the student's registration form by the 5th of each month. Payment can be made via PayPal or check mailed to PO BOX 50603, Sparks, NV 89435. Please do not give checks/cash to instructor.
 - 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 cancelled by TWNN will be credited to the following month's tuition.
8. Months with less than 4 classes will have a prorated tuition invoiced.
9. Students must wear appropriate clothing and shoes to safely, and fully participate in class activities.
10. Photos and videos taken during classes and showcases may be used by TWNN for any purpose that they deem to be fit.
11. TWNN may periodically send out Class Newsletters with pertinent information, schedule or 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 instructor to prepare proper class materials. (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 these items to class will be asked not to return.

Student Name (Print)

Student Signature

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

You are also acknowledging receipt and understanding of these policies on your child's registration form.



IMAGE & LIABILITY: RELEASE OF LIABILITY

Emergency Release

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(s) 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 students voluntary participation in TheatreWorks of Northern Nevada 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 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 effort to obey rules of the classes as well as safety requirements as outlined by the class instructors and staff, and will ask for clarification should they need it.

Image Release

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

- 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 by 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.

Choice of Law

- The laws of the state of Nevada shall govern validity of this agreement, the construction of its terms, and interpretation of the rights and duties of the parties hereto.

Student Name (Print)

Student Signature

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

You are also acknowledging receipt and understanding of these policies on your child's registration form.

TheatreWorks of Northern Nevada

www.TWNN.org | PO Box 50603, Sparks, NV 89435 | theatreworks.nv@gmail.com