



SUMMER BOOT CAMP 2019

EARLY BIRD REGISTRATION FORM

Class meets for five days

Monday thru Friday

July 29-Aug 2, 2019

From 9am-4pm

Early Bird Tuition \$315

Deadline June 30

*Please return this form and send check
made payable to Alleyway Theatre
1 Curtain Up Alley, Buffalo NY 14202*

Additional class information and details will be sent via email in July

STUDENT INFORMATION

Name	
Address	
Email	
Phone	
DOB/Age	
School/Grade	
Allergies/Other Medical	
Other conditions/issues we should know about	

PARENT/GUARDIAN INFORMATION

Name	
Relationship to Student	
Email	
Home Phone	
Work Phone	
Cell Phone	

SECONDARY EMERGENCY CONTACT INFORMATION

Name	
Relationship to Student	
Email	
Home Phone	
Work Phone	
Cell Phone	

Transportation

Please explain if someone will arrive to pick up your child after class, or if they have permission to leave the building on their own at the end of class.

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Participation Agreement and Accident Waiver and Release of Liability Form

I hereby give my permission for my child, _____, to participate in Alleyway's Theatre School of WNY education classes. I recognize that theatrical activities involve some physical risk. In consideration of my permitting my child to participate, I agree to indemnify and hold Alleyway Theatre, its board of directors, officers, producers and contractors free and harmless from any and all claims, losses, damages, recoveries, settlements and expenses of any nature or kind which may be incurred by participation in the class. I hereby assume, on behalf of my son/daughter, all of the risks of participation in Alleyway's Theatre School of WNY's classes.

I hereby certify that I have disclosed any and all health-related reasons or problems that may preclude or limit my child's participation in this workshop. This includes (but is not limited to) disclosure of any allergies, neurological disorders, physical and/or psychological limitations.

I hereby give Alleyway Theatre permission to seek medical attention for my child that may become necessary as a result of injury, accident and/or illness. I have provided emergency contact information in the application.

I give permission for photographs/videos to be taken of my child during classes, rehearsals and performances, and for those photos or videos to be used by Alleyway Theatre and Theatre School of WNY for marketing/promotional purposes, including posting on the Alleyway Theatre or Theatre School of WNY website and social media.

Signature of Parent/Guardian

Date