

REGISTRATION FORM

Spring

REGISTRANT INFORMATION

Last Name: _____ First Name: _____

Male__ Female__ Age: _____ Date of Birth (mm/dd/yyyy): _____ School: _____

Street Address: _____ City/ST/Zip: _____

Parent EMAIL Address: _____ Home Phone: _____

EMERGENCY CONTACT

Parent/Guardian's Names: _____

Street Address _____ City/ST/Zip _____

Home Phone: _____ Work Phone: _____ Cell #: _____

(Circle Best Phone number to reach you at during class time)

MEDICAL INFORMATION

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

In an Emergency – which hospital do you prefer for your child? _____

Registrant covered by Health Insurance? ____ no ____ yes Insurance Company: _____

Does your child have allergies? (please explain) _____

Medical Conditions (Physical/Emotional) we need to be aware of: ____ no ____ yes (please explain)

Grade Level	Class Name (Circle One)	Total Cost	Registrati on Paid	Tuition Paid	Weeks	Day	Time	Staff Init.
K – 2	Imagination Theatre	\$118			9	Wednesday	5:30 PM	
	Sing A Long Songs	\$118			9	Tuesday	6:00 PM	
3 – 5	Acting I	\$118			9	Monday	5:00 PM	
	Acting II	\$118			9	Tuesday	5:00 PM	
3 - 6	Audition Techniques & Monologues	\$118			9	Monday	6:30 PM	
	Improv	\$118			9	Wednesday	5:00 PM	
	Broadway Bound	\$118			9	Thursday	5:00 PM	

Grade Level	Class Name (Circle One)	Total Cost	Registration Paid	Tuition Paid	Weeks	Day	Time	Staff Init.
Ages 7 to 14	Youth Guitar	\$118			9	Thursday	5:30 PM	
6 - 12	Audition Techniques & Monologues	\$118			9	Wednesday	6:30 PM	
6 - 8	Acting 1	\$118			9	Monday	5:00 PM	
6 - 9	Acting II	\$118			9	Wednesday	4:30 PM	
7 - 12	Teen Improv	\$118			9	Tuesday	5:45 PM	
	Musical Theatre	\$118			9	Thursday	6:00 PM	
	Scene Study	\$118			9	Monday	6:00 PM	
Ages 12 to 17	NRACT Troupe	\$155			9	Tuesday	4:15 PM	
Ages 14 to adult	Theatre writing class	\$118			9	Monday	7:00 PM	
Any	Audition Support Group	\$15.00 per 30 mins.			n/a	Scheduled apt.	Varies	

TOTAL Fees: _____ (Registration Fee of \$25.00 is **already included** in the total charge per class)

Would you like to purchase an **NRACT T-Shirt** for your child (\$12-14)? _____

WAIVER:

I, as parent or guardian, hereby assume of all the risks and hazards incidental to the conduct of the activities and transportation during NRACT Classes. I release, absolve and indemnify NRACT; NRACT contractors, volunteers and /or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by NRACT.

Signature: _____ **Date:** _____