



Class Registration Form

Date: _____

16587 NE 74th St. ♦ Redmond, WA 98052 ♦ (425) 881-6777 ♦ www.SecondStoryRep.org

Please complete and mail or deliver to above address. You may also register by telephone at (425) 881-6777, online, or in person. This information is confidential and will not be shared with any third party.

Student: _____ **Grade:** ____ **Age:** ____ **Birth date:** _____

Sex: M / F **School:** _____ **District:** _____

Parents: _____
(mother) _____ (father) _____

Email: _____

Phone: _____

Home address: _____

Student lives with: **Mother:** ____ **Father:** ____ **Both:** ____ **Other:** _____

IN THE EVENT OF A MEDICAL EMERGENCY, IF A PARENT OR GUARDIAN CANNOT BE REACHED, CONTACT:

Name: _____ **Phone 1:** _____ **Phone 2:** _____

ALERT TO PARENTS: If your child has a serious medical condition, list below and discuss with your student's teacher(s) immediately. It is very important to know of **LIFE THREATENING** conditions (e.g. asthma, diabetes, nut/insect allergies).

MEDICAL CONDITION/ALLERGIES:

Yes No If yes, explain:

MEDICATION: (Include prescription & OTC medication.)

Yes No If yes, explain:

Name of Physician: _____ **Phone:** _____

Class: _____ **Tuition:** _____

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Payment Method: **CASH:** _____ **PAYPAL:** _____ **CREDIT TYPE:** _____ **CHECK #** _____

Number: _____ - _____ - _____ - _____ **Exp. Date:** ____ / ____ / ____ **CVN** _____

Total Amount Paid: \$ _____ *Payment must accompany the registration form. If you need to drop out before a session starts, you may get a refund for that class. Full refunds will only be given before the first class each session.*

MEDIA RELEASE (Initial Below): I, being the legal guardian of the student named above, do grant SecondStory Repertory permission to use the student's name, likeness, photo, video, or audio recording for promotional materials to be used in any and all media forms.

I CONSENT: _____

I DO NOT CONSENT: _____

I, the undersigned parent/guardian of the registrant, a minor, recognize the possibility of physical injury. In consideration of accepting the registrant into its drama program and activities, I hereby release, discharge and indemnify SECONDSTORY REPERTORY, its employees and associated personnel, including the owners of the premises utilized by the programs, my or the registrant's participation in the programs including transportation to or from the programs, which transportation I expressly authorize. I hereby give consent for emergency medical care by a duly licensed Doctor. I certify that I have read, understood, and agree to all the above and that the information provided is true and accurate to the best of my knowledge.

Name: _____ **Signed:** _____ **Date:** ____ / ____ / ____