



actUP

registration form



STUDENT INFORMATION

name:

address:

city:

state:

zip:

birthdate (mo/yr):

age:

male / female

PARENT / GUARDIAN INFORMATION

name:

relationship to student:

phone:

circle one: cell landline

email address:

EMERGENCY CONTACT INFORMATION

1. name:

relationship:

phone:

2. name:

relationship:

phone:

does your child have an IEP, 504 plan, or any conditions which the teacher should be aware of in order to promote a positive learning environment for your child?

YES / NO

if yes, please use a separate page to respond



act UP



registration release form

MEDICAL ACTION

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the hospital and attending physician(s) selected by the MAC or FTA to take any necessary action that is in the best interest of my child.

parent initials:

LIABILITY RELEASE

I hereby give consent for my child to participate in this MAC/FTA class. I assume all risk in regard to my child's participation in this program. I release and hold harmless the MAC, FTA, and it's staff from any liability that may result from participation in any activity associated with this class.

parent initials:

PHOTO / VIDEO RELEASE

The MAC and FTA take the privacy of our students very seriously. We believe that rehearsal is a safe space for students to explore new skills. To foster this environment we prohibit the posting of photos and videos to social media unless they are authorized by both the director and the MAC. Further, I understand that if I choose to post without obtaining consent my child will be removed from the program.

parent initials:

I grant the MAC and FTA permission to take photographs and video for use in the organization's materials online and in print. I further waive any and all rights to inspect and/or approve these materials that may be published, distributed, and/or otherwise utilized as deemed appropriate by the MAC and FTA

parent initials:

(optional)

By signing below, I state that I have read the registration information and understand the policies outlined. I understand that submitting this registration / contract represents a financial commitment and that there are **no refunds for any reason**. I certify that my child is in good health and capable of participating in all activities and/or classes. I understand and agree that the MAC and FTA cannot be held responsible for any lost or stolen items.

signed:

date: