

Tomorrow Youth Repertory Spring 2014 Registration

Basic Information

Participant's Full Name

_____/_____/_____
Birth Date

Parent / Guardian Full Name(s)

Address

City

(_____)_____
Home Phone

(_____)_____
Cell/other phone (please specify)

Email

T.Y.R class section you are signing
up for (location & show)

Name of school that student .
attends

Registration Payment Method (please check one):

By Cash: ____

By Check: ____

By Credit Card: ____

[Note: There is a \$10 extra fee for paying by Credit Card - sorry]

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Participants Name: _____

(A separate waiver is needed for each participant)

Waiver: In consideration of being permitted to participate in any way in Tomorrow Youth Repertory (TYR) programs in which I have enrolled my child (participant); hereafter called "the Activity", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue TYR, its directors, officers, employees, agents and all other persons acting on its behalf, from liability from any and all claims including negligence of TYR, its directors, officers, employees, agents and other persons acting on its behalf, resulting in personal injury, accidents or illnesses, (including death), and property loss arising from, but not limited to, participation in The Activity, whether at its premises or elsewhere. This release is made in all my legal capacities, including on my own behalf, and on behalf of my spouse and any other parent or guardian of the Participant, and as legal representative and guardian of Participant.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) Minor injuries such as scratches, bruises, and sprains; 2) Major injuries such as an eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; to 3) Catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD TYR, its directors, employees, agents and all other persons acting on its behalf HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of Participants involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent / Guardian

Date

FAMILY AGREEMENT AND BEHAVIORAL EXPECTATIONS

(Page 1 of 2)

Students and Parents are required to read, sign, and date this family agreement and behavioral expectations document.

Student's Name (print clearly): _____

1. I / We understand and agree that students are not to enter or exit the classroom and premises without either 1) being accompanied by a TYR instructor; or 2) without being signed in (upon entering) and out (upon exiting) by an individual authorized herein, or hereafter, by a parent/guardian of the camper named above. I/we hereby authorize the following people to sign in and/or sign out the student:

Name: _____ Relationship to Camper: _____
Phone Number(s) – Home: _____ Work / Cell: _____

Name: _____ Relationship to Camper: _____
Phone Number(s) – Home: _____ Work / Cell: _____

Name: _____ Relationship to Camper: _____
Phone Number(s) – Home: _____ Work / Cell: _____

OPTIONAL:

_____ By initialing here, I/we give permission to have student sign in and/or sign out on his/her own, and to enter and/or exit at camper's will.

I/we understand that TYR does not have any responsibility for students who are not signed in or who have signed out and I/we accept full responsibility for any student prior to sign in and after sign out from TYR classes.

2. I/we will arrange our own transportation arrangements and will not ask TYR camp instructors or staff to drive our child (a requirement of TYR's insurance). I/we will also provide food for our student, and I/we understand that TYR does not provide meals during camp days.
3. I/we will not hold the staff, director, producer, TYR, or the TYR board of directors responsible in the case of injury or accident during class, including but not limited to rehearsals, performances, break time, lunch, drop offs and/or pickups from class.
4. I/we realize participation fees are due prior to the start of the first class.

FAMILY AGREEMENT AND BEHAVIORAL EXPECTATIONS

(Page 2 of 2)

Students and Parents are required to read, sign, and date this family agreement and behavioral expectations document.

5. TYR takes photographs and video and/or audio recordings of rehearsals, productions, and other TYR activities. These are used in support of TYR and its mission. Their uses include, but are not limited to, brochures, the TYR Web site, and PR including press kits sent to the media. TYR would appreciate your cooperation in consenting to give TYR permission to use student's image.

___ I give my permission

___ I do not give my permission

to appear in TYR publications and promotional materials as described herein. I understand the images and/or recordings will be used primarily to promote the activities and image of TYR; the images and/or recordings will be the sole property of TYR, and there will be no wages or payment of any kind in return for these appearances.

6. I/we understand that the student is responsible for learning lines, and for attending classes. Other students will be depending on The Student's execution of these responsibilities. Failure to learn or practice lines or blocking may result in diminished stage time. Repeated absence (more than 2 without sufficient explanation) may result in removal from the program without refund.
7. I/we understand that the student's participation in classes are dependent upon good behavior. Any fighting, or harassment of other students is NOT tolerated. Any repeated or serious infractions will result in the immediate dismissal of the student from the program without refund.

Actor's Signature

Parent(s)/Guardian(s) Signature

Date

[NOTE: This form does NOT need to be provided if TYR already has your Emergency Contact info. Only submit if you are a new student, or if your information has changed.]

Emergency, Medical, and Release Form (Page 1 of 2)
(Please complete one form per student)

Student Information

Student's full name

____/____/_____
Student's birth date

List of any medication(s) student is on (or write "none" if student is not on any medication).

Student's Parent/Guardian Information
(please enter information for one or more parent / guardians)

Student's parent / guardian name

Student's Parent / guardian name

Address

Address (or enter "same" if appropriate)

City

Zip

City

Zip

() _____
Home Phone

() _____
Work phone

() _____
Home phone

() _____
Work phone

() _____
Cell / other phone

Email address

() _____
Cell/ other phone

Email address

Emergency Contact(s) Information (please enter emergency contact(s) in addition to immediate family listed above)

Emergency contact's name

Emergency contact's name

() _____
Primary phone

() _____
Other phone

() _____
Primary phone

() _____
Other phone

Relationship to student

Relationship to student

Emergency, Medical, and Release Form (Page 2 of 2)
(Please complete one form per student)

Doctor, Dentist, Medical Plan Information

_____ Physician	(_____) _____ Physician's phone number
_____ Dentist	(_____) _____ Dentist's phone number
_____ Insurance company / Medical plan	_____ Group and plan number

Additional Student Information

Please list any medical, physical, or emotional conditions (including allergies and disabilities) that TYR staff should be aware of. TYR wants to be aware of any special needs so that you and your child will have a positive experience.

Release

My child has permission to participate in the activities of Tomorrow Youth Repertory (TYR). I understand that I will be responsible for the cost of any emergency medical and dental care that may be necessary for my child while at camp, and hereby give my consent to Tomorrow Youth Repertory (TYR) to obtain all such emergency medical and dental care. This care may be given under whatever conditions are necessary to preserve life, limb, or for the well-being of my dependent.

_____ Signature of Parent/Guardian of Minor	_____ Date
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