Corbett Children's Theater

Actor Production Registration

Include payment with this form and return to the Production Manager at the parent meeting.
Actors will not receive scripts until payment arrangements are made.

Parent/Guardian Name _____

Home Phone (____) _____ Cell Phone (____) _____ Text OK? _____

Email _____

Name of participant _____Age / Grade_____ Male/Female_____

Address _____City _____ Zip _____

Student Phone (_____) _____ School _____

Email_____

Participation fee: $115.00   I am interested in financial aid _____ * Attach Financial Aid Request Form

The price includes a $10 T-shirt for the actor, which is optional. Financial aid can only be awarded up to the cost of tuition.
The tuition portion of the participation fee is $105.

Circle Actor Shirt Size (included with participation fee):
 Child M • Child L • Adult S • Adult M • Adult L • Adult XL • Adult XXL

Extra Shirts ($10 each):
 Child M___ Child L ___Adult S ___ Adult M___ Adult L___ Adult XL___ Adult XXL___

I DESIRE that my child participate in the full theater program and all activities unless I advise the director/teacher otherwise in writing.

I AGREE that, having taken such precautions as in your discretion are deemed advisable, Corbett Children's Theater, its members and Board will not be held responsible for any sickness or accident involving my child. If for any reason my child requires medical attention, I agree to be responsible for any expense incurred.

I HAVE completed a "Medical Release Form." I understand the release will be active for all CCT events until the end of the calendar year.

I AGREE to indemnify Corbett Children's Theater, its Board and members and hold them harmless from, and with respect to all suits, actions and prosecutions by reason of any activity carried out by my child, whether on or off the theater's property.

I AGREE to pay the above-listed fee or speak to the Production Manger to make other arrangements.

I AGREE that my child's photograph and full name may be used on CCT's public website as well as in promotions and released to the press.

I have read and fully support the above statements.

_____   _____
Parent/Guardian Signature   Date
Please make checks payable to CCT.

For Office Use Only
Date Paid _____ Check # _____ Amount _____

Actor Registration Form – Revised July 2015