



DRAMA CLUB REGISTRATION

10 Week Improvisation Class. Sept. 27th – Dec. 13th

Student's Name: _____ Grade/Age: _____

Student's Name: _____ Grade/Age: _____

Mother's Name: _____

Father's Name: _____

Email 1: _____ Email 2: _____

Mother's Cell: _____ Dad's Cell: _____

Mailing Address: _____

Emergency Contact
Name/Phone: _____

Medical Info: _____

Doctor: _____

Drama Club Juniors 5-11 Thursdays 3:00p-4:00p

Drama Club Seniors 12+ Fridays 4:15p-5:15p

COST: \$150.00 DEPOSIT REQUIRED AT REGISTION: \$50.00

To inquire about our Scholarships and sibling discounts call 726-9124.

Medical Release:

I understand that my child will be engaging in physical activities. To the best of my ability I have provided all necessary medical information above. By signing this form I grant the staff of the nexStage Theatre permission to seek medical attention for my child should it become necessary. Should my child become ill or injured while in the care of the nexStage staff, I agree not to hold them responsible.

Signed: _____ Date: _____