

Young People's Theater

YPT's Performing Arts Registration Form Spring 2104

Please print one form per young person registering

Young Person's Name	
Parent #1 Name	Parent #2 Name
Address	Address
City, State Zip	City, State Zip
Household Phone #	Household Phone #
Parent Cell #	Parent Cell #
Family Email Address	Young Person's Email Address
Young Person's Current Grade	Young Person's Birthdate

I am registering my young person for the following YPT Performing Arts Opportunities:

Check <input checked="" type="checkbox"/>	Class/Workshop/Opportunity: Days and Times	Registration Fee	
<input type="checkbox"/>	Twinkle, Twinkle Dancing Star! Thursdays, 4/3-5/8, 5:00-5:45pm	\$ 80.00	\$ _____
<input type="checkbox"/>	Dance It Musical Theater Style! Sundays, 3/30-5/4, 1:00-1:45pm	\$ 80.00	\$ _____
<input type="checkbox"/>	YPT Acting Out Mondays, 3/31-5/7, 4:30-5:30pm	\$ 80.00	\$ _____
<input type="checkbox"/>	YPT Singers Wednesdays, 4/2-5/7, 4:45-5:45pm	\$80.00	\$ _____
<input type="checkbox"/>	YPT Movie Night Shrek The Musical Friday, 4/25, 6:30-9:00pm	\$ 10.00	\$ _____
1. Register on Sign Up Genius and Send this Registration Form to YPT Business Mailing Address		\$ _____	
2. Registration Fees: <input type="checkbox"/> Check Enclosed Payable to Young People's Theater		Total	

Young People's Theater

Mailing Address:

401 West Morgan Road, Ann Arbor, MI 48108

Studio Address:

331 Metty Drive, Suite #3, Ann Arbor, MI 48103 ♦ 734-222-4006

www.youngpeoplestheater.com ♦ youngpeoplestheater@gmail.com

young People's Theater

Authorization for Medical Treatment and YPT Release Form

Young Person's Name _____

Parent #1 Name _____ Parent #2 Name _____

Address _____ Address _____

City, State Zip _____ City, State Zip _____

Home # _____ Home # _____

Cell # _____ Cell # _____

Work # _____ Work # _____

Please name two people to contact in case you can't be reached in an emergency situation:

Name _____ Phone # _____ Cell # _____

Name _____ Phone # _____ Cell # _____

Please list any medication that your child is taking. YPT dispenses no medication. Please note if a student has medication for self-use and if refrigeration is required.

Please list any allergies that your child has, including medication, food or animals.

Please list any conditions that your child has that may prevent him or her from participating in any physical activity.

Health Insurance Carrier _____ Group/Policy Number _____

Hospital Preference _____ Patient ID Number _____

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

In case of serious accident or illness involving a young person while he/she is in the custody of Young People's Theater or its employees, every effort will be made to contact parent or guardian. A situation may arise when emergency treatment may be necessary and the parent or guardian cannot be reached. In such situations, I hereby authorize YPT personnel to make provisions for treatment with the appropriate medical personnel or facility.

I understand the risks of illness and injury inherent in any theater program and I am allowing my young person to participate under the express agreement and understanding that I am hereby releasing Young People's Theater, its Directors, teachers, employees, and agents from and against any and all claims, costs, liabilities, expenses and judgments arising out of my young person's participation in Young People's Theater's Programs, or any illness or injury resulting therefrom. I understand that photographs taken may appear on the official YPT website (www.youngpeoplestheater.com) or YPT's Facebook page.

Parent Signature _____ Date _____