## **Movement Theater Performing Arts Center** 176 Nazareth-Bath Pike, Nazareth Pa, 18064 Phone 610.365.2329

## **Registration Form & Waiver**

Participant:	Einst Mann	$A  a  \rho$
Lasi wame	First Name	Age
Address:	City/Town	D.O.B(optional)StateZip Code:
E-Mail	Home Phone:	Cell/Work:
Special Medical/Physical Condition/Alle	rgies?	
Emergency Contact:	Relation to you?	Phone #
Parent's Name? (If student is under 18 ye	ears of age.)	
Home Phone:Cell/Wo	ork:	
Spring Showcase Sign-up (list what tee	chniques):	
Classes Registering For: 1	2	3
4	5	6
Total Amount of Class Tuitions:	Discounts:	Method of Payment
Directors, Officers, Instructors, Agents, as all claims and demands, including attorned workshops, performances, fundraisers and undersigned parent/student understands to and other materials as a result of his/her as	nd assigns from any and all liability what ey fees, arising out of the party's participal dother related activities provided by and hat students may occasionally appear in passociation with Movement Theater. By reed to and acknowledged and, according and conditions of this agreement dated	
Signature:		
(Parent's signature if student is under 18)		
child or the child for whom I have legal gu programs, flyers, brochures, or services S may be distributed for free to the public a	uardianship for any promotional material Such likeness' will not be sold to other pa nd posted on the Movement Theater web ness for a time period beginning when th	e photos, and or other likeness' of myself and or my ls regarding Movement Theater productions, show rties. Promotional materials bearing these likenesses site and/or Facebook page. Movement Theater is form is signed and ending upon written request of
Participant's Signature:		Dota
		Date
Parent's Signature:(If participant under18 years of age)		Date