



## Registration Form

Show or Program (include dates): \_\_\_\_\_  
Student's Name: \_\_\_\_\_

Parent/Guardian's Name (if student is under 18): \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
M/F: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Where do you work \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Further education and schools attended: \_\_\_\_\_

Experience: \_\_\_\_\_  
Bring your headshot to auditions, and use another sheet and attach any further information you may wish to share with us!

Other information we may need to know about you: Allergies? Epi Pen? \_\_\_\_\_  
If under 18 my child may be released to: \_\_\_\_\_  
Do not release my child to: \_\_\_\_\_

- I have read and understand the production policies outlined below (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_  
- I have reviewed all dates and times of programs for which I am registering and understand dates are subject to change. \_\_\_\_\_

Please list any conflicts you may have with school or other activities. Be detailed please

Will there be any work conflicts? \_\_\_\_\_

- I agree to a photo release: \_\_\_\_\_ I do not agree to a photo release: \_\_\_\_\_ (choose one)

In signing this form I, the undersigned, agree to hold harmless Theatre with a Twist, Inc. or staff thereof from claims or liability related to any accident that may occur. I give permission for medical treatment to be given if the need arises. Any student may decline to participate in any activity. If any doubts please consult your physician before participation. I acknowledge the refund policy (below) for the program in which I have signed up.

Signature: \_\_\_\_\_ (Date) \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian's Signature (if under 18): \_\_\_\_\_ (Date) \_\_\_\_\_

Print Parent/Guardian's Name: \_\_\_\_\_

**Policy Information: Refund and Cancellation Policy:** Tuition is due at the time of registration. You will not be notified when we receive your registration unless the class is full. All programs are contingent upon sufficient enrollment. Full refund will be given if a program is cancelled due to low enrollment. If you withdraw before the start of a program your payment, less a \$35.00 registration fee, will be refunded. You may withdraw from the program up to 7 business days prior to the start date. After that, no refunds will be issued. Start dates for a workshop is the first day of the workshop. Start date for theatre reproductions is the audition date. You must submit in writing your request to withdrawal. **Exception:** a written letter from a licensed Physician excusing participation from the program. We reserve the right to suspend a participant from a program due to inappropriate behaviour. No refunds will be given to anyone who has been suspended due to inappropriate behaviour. **Class Cancellation Policy:** Rehearsals will be cancelled if Acton Boxborough Schools have been cancelled due to weather. We will notify you via email. **Illness:** Please let us know via email [theatrewithatwist@gmail.com](mailto:theatrewithatwist@gmail.com), and review the cancellation and refund policy description above. **Food:** We suggest you bring a healthy snack and water bottle to each rehearsal or class, and be mindful of common food allergies. **Proper Attire:** For maximum safety and comfort during rehearsals, please wear sneakers, dance shoes and clothes that are easy to move in. **Note to parents of children under the age of 18:** Parents must drop off and pick up children inside the building. No child will be released to anyone other than the parents and legal guardians approved on the list or if a note is provided. If the show or program you are participating in has adults in it, and you are under the age of 18, you must have a parent or legal guardian with you at rehearsals at all times. If you are in a children's production (i.e. all participants are under the age of 18) this is not necessary.

### How to register:

Print, fill in and return this form to Theatre with a Twist, Inc. at the address below. Please make your checks payable to Theatre with a Twist, Inc. **OR E-mail** your registration information to [theatrewithatwist@gmail.com](mailto:theatrewithatwist@gmail.com), and mail your payment to the above address **OR Use your Visa or MasterCard by** registering online via our website and the PayPal buttons.

**Theatre with a Twist, Inc., 278 Great Rd, Acton MA 01720 / [www.theatrewithatwist.com](http://www.theatrewithatwist.com) [theatrewithatwist@gmail.com](mailto:theatrewithatwist@gmail.com)**