



# BROWNVILLE VILLAGE THEATRE'S YOUNG PERFORMER'S WORKSHOP

## Registration Form

### Participant Information

*Please print legibly.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_

T-shirt size: \_\_\_\_\_  Please check this box if your student has a t-shirt from last year's workshop and is willing to wear it again for the final performance.

### Guardian Information

Guardian Name: \_\_\_\_\_ Guardian Phone: \_\_\_\_\_

Guardian Email: \_\_\_\_\_

### Emergency Information

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any of your child's health problems or allergies: \_\_\_\_\_

**Snack:** A snack will be provided for your child including a drink. If your child has any allergies or you have any concerns in regard to the snack being provided, please send a clearly marked snack for them. A refrigerator will be available for your child to store his/her snack.

### Drop Off and Pick Up Times

#### *Grades 2<sup>nd</sup>-6<sup>th</sup>:*

Drop off time:

- 8:45 am – 9:00 am

Pick up time:

- 12:00 pm – 12:15 pm

#### *Grades 7<sup>th</sup>-12<sup>th</sup>:*

Drop off time:

- 12:45m – 1:00 pm

Pick up time:

- 4:00 pm – 4:15 pm

**ALL Grades:** Performance March 14<sup>th</sup> at 7:30pm (drop off time at 7:00pm)

**Payments:** Tuition may be paid by cash or by check.

Make the check payable to: **Brownville Village Theatre**

**Registration fee:** \$75

**Contact Information**

For more information, contact Mitchell Bean by phone: 402-825-4121 or email: [bvt1967@windstream.net](mailto:bvt1967@windstream.net)

**REQUIRES PARENT'S or GUARDIAN'S SIGNATURE:**

**PARENT/GUARDIAN STATEMENT**

I hereby state that (participant's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by the **Brownville Village Theatre** including but not limited to stage performance, some memorization of scripts, and theatre games. I hereby release **Brownville Village Theatre**, its employees and its staff from liability to the above named participant, of the person claiming through him/her, arising from injury to the person or property of the above named participant, occurring in the premises of the **Brownville Village Theatre**, including any event sponsored or sanctioned by the **Brownville Village Theatre**.

I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

I hereby give permission to the **Brownville Village Theatre**, to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please register by **March 1, 2020**. Payment is due with registration.