

ACTOR ENROLLMENT FORM

Barrier-Free Theatre Company of Maryland

www.BarrierFreeMD.com

Please send back to Britt@BarrierFreeMD.com

Date: _____

Please print clearly.

Actor Information:

Actor's Last Name, _____	First Name, _____	MI. _____	Home Phone # _____
Cell Phone # _____	Social Security # (optional) _____		Sex (Optional) _____
Address _____			
City _____	State _____	Zip _____	
Race/Ethnicity (optional) _____	Age _____	Date of Birth _____	
Email Address _____			
When is the best time to contact you? _____	How would you like to be contacted? _____		

Are you your own legal guardian?
(Circle one)

YES **NO**

If no, parent/guardian information MUST be filled out below.

Parent/Guardian Information: (if applicable)

Parent/Guardian Name #1 _____	Cell Phone _____	
Address _____		
City _____	State _____	Zip _____
Place of Employment _____	Work Phone _____	Home Phone _____
Email Address _____		
When is the best time to contact you? _____	How would you like to be contacted? _____	
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Parent/Guardian Name #2 _____	Cell Phone _____	
Address _____		
City _____	State _____	Zip _____
Place of Employment _____	Work Phone _____	Home Phone _____
Email Address _____		
When is the best time to contact you? _____	How would you like to be contacted? _____	

Please continue to the back of this page.

Emergency names, addresses, & phone numbers of TWO people to be called in the event that we cannot reach either parent or guardian:

Emergency Contact Name #1	Cell Phone	
Address		
City	State	Zip
Emergency Contact Name #2		Cell Phone
Address		
City	State	Zip

There are two rehearsal groups this season. (In some instances, you may join BOTH groups if you have a dual diagnosis. Email Britt@BarrierFreeMD.com for more details). **Please check the group(s) you would like to join.**

Adults with Intellectual/Developmental Disabilities
Mondays, 6:30-8pm
Starting Monday, February 11th
Performance weekend: May 18th & 19th

Adults with Autism
Wednesdays, 6:30-8pm
Starting Wednesday, February 13th
Performance weekend: May 18th & 19th

Do you have any allergies? (Circle) **NO YES** (Please describe your allergies)

Do you need to be administered any medications during rehearsals and/or performance times? (Circle) **NO YES** (Please describe your medications and when they need to be administered)

Are there any scheduling conflicts that we need to be aware of? (I.e. birthday trips, vacations, appointments, etc.)
(Circle) **NO YES** (Please list the dates of scheduling conflicts) **PLEASE NOTE: If you cannot make performance weekend, you cannot be in the cast.**

Photography Policy: Barrier-Free MD would like to consistently keep its website and Facebook page up-to-date. Please initial so we may use any photo, slide, or quote for publicity/marketing purposes. **PLEASE INITIAL** _____

LIABILITY WAIVER: I understand that this program is paid out-of-pocket and that any payment made may be non-refundable. I understand that if I miss more than three rehearsals (not listed on the conflict section of this sheet) that I can become dismissed from the season. I understand that participating in rehearsal activities can be potentially hazardous and that I should not register unless I am medically able. I assume all risks (known and unknown), even if arising from the negligence of the Releasees, and assume full responsibility for my/my child's participation. Risks associated with Barrier-Free Theatre Company of Maryland include, but are not limited to, falls, contact with other participants, and the effects of weather (including heat and/or humidity, rain, snow). This is to certify that I, as a parent/guardian with legal responsibility for this participant, or I, the legal guardian of myself, do consent and agree to his/her/my release as provided above of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my/ my child's involvement or participation in Barrier-Free Theatre Company of Maryland offered at 25 Union Street Westminster, MD to the fullest extent permitted by law. The laws of the state of Maryland shall govern the validity, construction, and enforcement of this Agreement.

Signature: _____ **Date:** _____

RETURN TO: Barrier-Free MD PO Box 2751 Westminster, MD 21157 **EMAIL:** Britt@BarrierFreeMD.com