

Mail or Pay Online at: <http://www.sgvmusictheatre.org/workshops.html>

Last day of enrollment January 16, 2018

SGVMT's *THE BROADWAY LOCKER Jr.* ENROLLMENT FORM

MUSICAL THEATRE PERFORMANCE PROGRAM- South Pasadena Middle School

February 6, 2018- April 29, 2018

Open only to currently enrolled students of South Pasadena Middle School

Program is Tuesday, Wednesday, Thursday 3pm-5pm with additional dates to be determined for tech week.

There will not be any Program Rehearsals during Spring break

This form must be completed by a Parent or Legal Guardian.

I acknowledge my Student is currently enrolled at South Pasadena Middle School.

Initial: _____

Media and Participation Release and Authorization: BY SUBMITTING THIS FORM YOU AGREE: PARENT/STUDENT consent to have student participate in The Broadway Locker Musical Theatre Performance Program at South Pasadena Middle School and agree to hold the San Gabriel Valley Music Theatre, Inc., its agents, contractors, or employees harmless from any act of ordinary negligence, arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or the property of any person or persons, or corporations occurring during all times the student is participating in the program up to and including the time when the student is released into the responsible party's care. San Gabriel Valley Music Theatre, Inc. reserves the right to withdraw any student from the program without refund due to misbehavior. Lastly, San Gabriel Valley Music Theatre, Inc. reserves the right to use photographs, video audio of the student taken during program hours for use in marketing collateral and promotion of San Gabriel Valley Music Theatre. *I understand that these may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.*

Initial: _____

Emergency Medical Authorization:

I am the parent/guardian of the above student. In the case that I am unable to be located during an emergency, I authorize a representative of San Gabriel Valley Music Theatre to act as an agent to consent to give medical or surgical care to the student listed on this enrollment form.

Yes____ or No____ Initial: _____

Participant First Name:	Last Name:	Grade:
Parent/Guardian:	Phone:	Emergency Phone:
Street:	City:	Zip:
Email:	Signature (Parent/Guardian):	Cost: \$275.00 No refunds will be issued once the start of the first day of the program has begun.

Please list any allergies or medical conditions we should be aware of: _____

Please list any scheduling conflicts during 2/6-4/29: _____

Make Check for \$275 Payable to: San Gabriel Valley Music Theatre **Mail to:** PO Box 848, San Gabriel, CA 91778

To pay via credit card, please call 626.399.3876 or Pay online at www.sgvmusictheatre.org Go to the "Workshops" tab

For assistance, please call 626.399.3876 or email customerservice@sgvmusictheatre.org