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 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?

_____ _____

Parent/Guardian Name 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 Cell Phone

_____
Address

_____ _____ _____
City State Zip

_____ _____
Emergency Contact Name 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. Check www.BarrierFreeMD.com or 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, September 10th
Performance weekend: Dec. 15th & 16th

☐ Adults with Autism
Wednesdays, 6:30-8pm
Starting Wednesday, September 12th
Performance weekend: Dec. 15th & 16th

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 and times 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/marking 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 sections 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