THE CUE THEATRE
WHERE THE PERFORMING ARTS MEETS EDUCATION

Office Use Only

*Date registration received:*_____
*Date fees received:*_____
*Date medical forms received:*_____
*Confirmation sent:*_____

Summer 2019 REGISTRATION

Please complete this application and mail in with tuition fees to:
The Cue Theatre, Inc.; PO BOX 526, Slingerlands, NY 12159

Student's Name _____
Mailing address _____
City _____ State _____ Zip _____
Home Phone _____ Student Email _____
Date of Birth _____ Age as of 6/2019 _____ Gender: (circle) M F

Please provide any medical or non-medical information about your child that we should know:

_____
_____

PARENT INFORMATION

Parent 1/Guardian Name _____
Cell Phone _____ Work Phone _____ Email _____
Parent 2/Guardian Name _____
Cell Phone _____ Work Phone _____ Email _____
Student Resides with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____

PARENT SIGNATURE/WAIVER

To the best of my knowledge, the information on these forms is correct. I hereby give permission to the person herein described to engage in all prescribed Cue Theatre activities, on or off property, except as noted. In consideration of the use of space occupied by The Cue Theatre, I (parent/gardian) am assuming full risk of injury arising from the use of these facilities. Any personal belongings that my child/ward brings with him/her to Cue Theatre is at his/her own risk and is not the responsibility of the Cue Theatre. Further, Cue Theatre's insurance does NOT cover these items. I understand that while at Cue Theatre programs pictures and/or video may be taken and used for publicity purposes. The Cue Theatre will not release or publish the names of any student, with the exception of information related specifically to performances. I understand that while at The Cue Theatre, my child will be expected to behave following the guidelines set by Cue's director and staff.

In Case of Emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to Cue Theatre staff to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Permission is given to transport my child for medical assistance. This form may be photocopied for use at camp. I understand that I am responsible for payment of all medical treatments received. If my child needs medical treatment, I hereby authorize any doctor or hospital treating the student while he is at Cue to discuss and release information regarding such treatment or follow-up care to an authorized representative of The Cue Theatre. I understand that this authorization will remain in effect while the student is engaged in 2018/19 programming and will expire no later than August 31, 2019.

_____
Signature and Date of Parent/Guardian

REGISTRATION AND PAYMENT

Student Name:_____

For Information on confidential Financial Assistance, email us at info@TheCueTheatre.org.
Forms can be downloaded from www.TheCueTheatre.org

- Please fill out a separate registration, payment and medical form for each child that you are registering for The Cue Theatre.
- Sibling discounts of 10% are applied to the application fees for the second, third, etc. child registered for programs.
- First United Methodist Church members receive a 15% discount for tuition.

Program Name	EARLY BIRD (by May 15)	Tuition	Amount Due
Summer Intensive – Matilda: August 12 – 25	$470	$500	
Stars on Stage: August 26 – 30	$245	$275	
		SUBTOTAL	
		Less 15% Discount for FUMC members	
		Less 10% Sibling Discount (for second, third, etc) ***Not applicable if you are also taking FUMC discount.***	
		GRAND TOTAL	
		T-SHIRT SIZE	

*Adults over the age of 18 are not required to pay tuition. In lieu of tuition, we ask that adults contribute in other significant ways including selling at least 1 ad for the playbill and, as needed, helping with the creation of sets, props and costumes.

PAYMENT METHOD:

_____Check/Cash/Money Order *made payable to The Cue Theatre, Inc.*

_____Credit Card; Provide email address (link to online payment will be sent)_____

***Refund Policy:** The Cue Theatre's programs and productions are tuition-based programs. Tuition and Annual Registration Fees are non-refundable. No cash refunds will be issued, except in the case of program cancellation. Full and partial credits toward future programs will be issued at the discretion of Cue administration. All tuition credits will be honored up to one year after the initial program start date. **For classes and camps:** Requests made in writing up to one week prior to program start date will receive a credit applied to Cue programs for the full amount originally paid, less $20 administrative fee. Requests made less than one week prior to program start date will receive a 75% credit for the amount paid. Requests made after a program start date will receive a pro-rated credit of up to 60% of program value toward future tuition. **For productions:** Cast selection is a key piece in creating a show and decisions are made very carefully and thoughtfully. Once a role has been accepted, tuition is due in full at the first read-through (unless prior arrangements have been made). Production tuition is non-refundable. Credit toward future programs will only be issued at the discretion of Cue administration.

Cue Theatre 2019 Medical Form

(Due before first day of attendance)

Student Name _____

Instructions: This two-page form is required for all students attending Cue Theatre during the 2019 season. This medical record is a complete health history that requires a physician's signature indicating that the student is fit to attend Cue programs. Students without a completed medical form will not be allowed to participate and will be sent home.

PERSONAL INFORMATION

Name: _____ Date of Birth: _____ Age: _____ Sex: _____
Address: _____ City: _____ State: _____ Zip: _____
Name of Parent or Guardian: _____
Work Phone: _____ Home Phone: _____ Cell phone: _____

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

Name #1 _____
Cell Phone _____ Work Phone _____ Relationship to student _____

Name #2 _____
Cell Phone _____ Work Phone _____ Relationship to student _____

INSURANCE

Personal health/accident insurance provider: _____
Policy Number: _____

HEALTH HISTORY/INFORMATION

Primary Physician/Phone Number: _____
Dentist/Phone Number: _____
Has or is subject to:

[ ] Asthma	[ ] Bee Stings	[ ] Convulsions
[ ] Diabetes	[ ] High BP	[ ] Heart Trouble
[ ] Sports Restrictions	[ ] Kidney Disease	[ ] Cancer/Leukemia
[ ] Hemophilia	[ ] Attention-Deficit Hyperactivity Disorder	

[ ] Restrictions or Allergies: _____

Has Difficulty With: [ ] Eyes, Ears, Nose, Throat [ ] Digestion [ ] Lungs [ ] Other

Takes Medication: [ ] No [ ] Yes, Name of Medication(s): _____

Over the Counter Medication taken during camp must be accompanied by a physician's signature and written instruction from the physician.

Limitations:

Diet Restrictions _____

Activity Restrictions: _____

HEALTH EXAMINATION (To be completed by a licensed medical practitioner):

Height: _____ Weight: _____ BP: _____
Pulse: _____

Check box if abnormal:

[ ] Growth Development
[ ] HEENT
[ ] Skin
[ ] Hernia
[ ] Musculoskeletal
[ ]Other
[ ] Cardiopulmonary System
[ ] Teeth
[ ] Neurobehavioral
[ ] Genitalia
[ ] Eyes, Ears, Nose, Throat

Details _____

Immunizations:
(Indicate Original Date and also most recent Month/Year for Date of Last Inoculation. Cannot say "up to date.")

Tetanus _____
Diphtheria _____
*Haemophilus Influenza Type B_____
Polio _____
Chicken Pox_____
*N/A If Not Given

Mumps_____
Rubella_____
Pertussis_____
Measles_____
*Hepatitis B_____

Signature: _____MD/DO/PA/RNP
Date: _____