



Sharing the Arts Club at Ridgewood High School  
Presents



## ***THE GREATEST SHOW·M·A·N***

**Sharing the Arts Club Spring 2025 Musical Theater Workshop**

**Tuesday's 3:30 – 4:30 pm**

**9/9, 9/16, 9/30, 10/7, 10/14, 10/21, 10/28, 11/4, 11/11, 11/18**

**11/24 (Campus Center practice)**

**11/25 show!!**

*At Ridgewood High School, Front Lawn or the campus center*

**Please complete and mail the registration to:**

**Sharing the Arts, P.O. Box 43, Ridgewood, NJ 07451-0043**

**Tuition \$50, check made out to Sharing the Arts**

**Any questions please contact Karen at [info@sharingthearts.com](mailto:info@sharingthearts.com)**

### **Registration:**

Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Recognizing that dance is an endeavor that may involve the risk of physical injury, and that any risk of physical injury may be heightened due to the special needs of my child, and in consideration for Sharing the Arts accepting my child in its performing arts program, I hereby release, waive, and forever discharge all rights and claims against Sharing the Arts and its officers, agents, employees, representatives, and successors arising out of any injury sustained by my child during instruction and dance on the premises, whether or not such injury results from the negligence of Sharing the Arts. Further, if I am not present in the event of an injury to my child, and if Sharing the Arts is unable to contact me, I authorize Sharing the Arts to seek medical assistance as they deem appropriate. I will provide Sharing the Arts with a phone number where I may be reached during the time my child is on the premises, and I will pick up my child promptly upon completion of the session my child is attending. I understand and acknowledge that my child is voluntarily participating in this activity, and I hereby assume and accept all risks. I represent to Sharing the Arts that my child is physically and medically fit to participate in this activity.

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

I give permission for my child to be photographed/videoed during class, which may be published in magazine/newspaper articles or advertisements, brochures, newsletters and other marketing materials.

Parent/guardian Signature/Date \_\_\_\_\_

*Sharing the Arts mission is to enhance the lives of individuals with special needs through the performing arts.*

[www.sharingthearts.org](http://www.sharingthearts.org)