



# 2018 Registration Form

<http://www.theaterworksinbellevue.com>

Student's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Where did you hear about Theater Works in Bellevue? \_\_\_\_\_

Which class(es) are you registering for? *(Please check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> <b>STORYBOOK THEATRE</b> (July 9 - 13)             | <input type="checkbox"/> <b>BEHIND THE SCENES</b> (July 30 -Aug. 3) |
| <input type="checkbox"/> <b>PETER PAN'S ADVENTURES</b> (July 16 -20)        | <input type="checkbox"/> <b>IMPROV-A-THON</b> (July 23 -27)         |
| <input type="checkbox"/> <b>FOLLOW THE YELLOW BRICK ROAD</b> (July 16 - 20) | <input type="checkbox"/> <b>BE OUR GUEST</b> (July 30 – August 3)   |

Voucher Number \_\_\_\_\_

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## Waiver of Liability

I/We, the undersigned parent(s) or legal guardian(s) of the student named on this Contact Information form, understand that theatre classes and productions require physical exertion. It is my/our responsibility to consult with a physician before his/her participation in THEATER WORKS IN BELLEVUE Summer Program. I/We agree to assume full responsibility for any risks, injuries or damages that might occur as a result of participating in THEATER WORKS IN BELLEVUE Summer Program. I/We hereby release and hold harmless THEATER WORKS IN BELLEVUE, the directors, associations, employee or volunteer for any liability, including without limitation, injuries sustained or illnesses contracted while rehearsing or performing with THEATER WORKS IN BELLEVUE Summer Program. If only one parent or guardian signs this form, I hereby certify that I have sole legal custody or sole decision-making authority for decisions involving the student named.

**(Please initial giving permission for the following:)**

I/We give my/our permission for THEATER WORKS IN BELLEVUE to take photos, videos or other recordings for promotional purposes for THEATER WORKS IN BELLEVUE Summer Program.

I/We do not give my/our permission for THEATER WORKS IN BELLEVUE to take photos, videos or other recordings for promotional purposes for THEATER WORKS IN BELLEVUE Summer Program.

\_\_\_\_\_  
Date Signature of Parent or Guardian