



January-April 2019

Name: _____ Age _____ Boy__ Girl__ DOB _____

Primary Parent/Guardian Name: _____

Primary Parent/Guardian Address: _____ ZIP _____

Email: _____ Phone: (home) _____ (mobile) _____

Emergency contact name _____ No. _____ Relationship _____

Does your child suffer from any allergies, illness, physical disability or other medical conditions? If yes, please detail below.

Yes [] No []

Please indicate method of Payment [] Credit Card [] Cash [] Check

TUITION: \$399.00 A Non refundable deposit of at least \$50 is required to hold your place

All tuition becomes non-refundable and must be paid in full 2 weeks prior to start date.

Choose your day(s):

[] **WEDNESDAY EVENINGS**

**Begins Wed Jan 9th and concludes
Wed April 10th. 5:30 – 7:45 pm weekly**

[] **THURSDAY EVENINGS**

**Begins Thursday, January 10th and
concludes Thursday, April 11th.**

5:30 to 7:45 pm weekly

Customer Acct # _____

Total Tuition: _____ \$399.00

Coupon (if applicable- please attach) - _____

*(sibling discount of \$50 is available; cannot be
combined with any other coupon offers)*

Total amount Due: _____

Total Amount Paid: _____ Date: _____

Balance on Account : _____

*(Balance must be paid in full 2 weeks before
camp starts- Proof of payment must be presented
before students can begin)*

WAIVER OF LIABILITY

Informed consent- Group Release of Liability ***Please Read Carefully***

I _____ (name of parent) In consideration of being allowed to participate in ON BROADWAY the Experience Musical Theater Camp and use of facilities at Family Music Centers, I do forever waive, release and discharge Brandi Senior, Blaine Senior, Take the Stage Las Vegas, Family Music Centers and their associates and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person, child, and/or property, including those caused by negligent acts or omission of any of those mentioned or others acting on their behalf arising out of or connected with my participation in this activity, and I hereby agree to submit any and all claims to binding arbitration and abide by the judgment of that arbitration. _____ (please initial)

I fully understand that as with any physical activity, my child may injure themselves as a result of participation and forever waive release and discharge Brandi Senior, Blaine Senior, Take the Stage Las Vegas and Family Music Centers from any liability now or in the future, including but not limited to muscle or ligament tears, strains, sprains, pulls, broken bones, dislocations, joint problems, shin splints, heat exhaustion, knee, back, hip or foot injuries, as well as the potential for heart attack, paralysis or death, however caused, occurring during or after my participation in this musical theater camp. _____ (please initial)

I declare my child to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent participation in this activity. I understand that a medical examination to assure physical fitness is desirable and obtaining such examination is my own responsibility. I acknowledge that my child has had a physical exam and has been given my physician's permission to participate in this activity or I have decided to participate in this activity without the approval of my physician and do assume all responsibility for the participation in this activity. I fully understand that I am forever giving up, in advance, any right to sue or make claim against the parties I am releasing, if my child suffers any injuries or damages, even though I do not know what or how extensive those injuries or damages might be. I am voluntarily assuming the risk of those injuries or damages. _____ (please initial)

I understand that Brandi Senior, Blaine Senior, Take the Stage Las Vegas and Family Music Centers, by providing and maintaining a performing arts program summer camp does not constitute an acknowledgement, representation or indication of my physiological well-being or a medical opinion relating thereto. _____ (please initial)

In signing this release, I acknowledge and represent that I read the foregoing Waiver of Liability Form, understand it and sign it voluntarily as my own free act and deed and am not under any physical or emotional duress to sign. I am at least eighteen (18) years of age and fully competent. In case of emergency, I agree to allow the above parties to call for emergency medical assistance for my child and I am aware that I am financially responsible to those medical services. _____ (please initial)

(Name of Parent/Guardian) _____

(Signature) _____ (Date) _____

Email _____ Phone# _____

Emergency contact _____ Phone _____ Relationship _____

ATTENDANCE/BEHAVIOR AGREEMENT-to be read by Student AND Parent

By participating in ON BROADWAY The experience, I agree to do my personal best. I realize that conscientious attendance at every rehearsal is essential for the performance at the end of my session. I have permission to attend **all** rehearsals and performances. **Initial**

I am aware that participation in ON BROADWAY the experience will place me in a position to be video recorded or photographed. I grant my permission to the Take the Stage Las Vegas, its directors, choreographers, Family Music or any governing body to record, use for promotion, and/or publish without any compensation to me or to my family for the use thereof. **Initial**

I am aware that lack of attendance may result in loss of my child's originally assigned role and/or may result in a change of vocal/dance solos or involvement in production numbers. **Initial**

I understand that students must be on their best behavior at all times. Bullying, disrespectful behavior, verbal abuse, physical abuse or inappropriate misconduct of ANY KIND toward teachers or peers will NOT be tolerated. If in fact this becomes the case, the directors, choreographers, and all governing bodies of Family Music Centers reserve the right to remove a student from the program with no monetary refund. In addition, if my student decides to cease attendance at any time during the duration of the camp session, I will not be due any refund of tuition. **Initial**

I understand that in signing up for this program, I have checked my existing schedule, and am available to commit to attendance every week from September through December on the day(s) chosen. with the exception of Holidays as scheduled by instructors. I understand this is not a babysitting or safe key program, and I cannot drop off or pick up my child) more than 15 min prior to start time or pick them up 15 min after class ends. I understand that if my student misses any class time for any reason, OR decides to quit early, I WILL NOT RECIEVE any sort of refund or credit of tuition, and instructors reserve the right to take the student out of certain scenes/choreography if my child misses multiple rehearsals. I realize that ANY absence is harmful to the other cast members and Directors of my show, and I/we agree to be sure that the student is in attendance to class EVERY WEEK to the best of my ability. I understand that the last day of the session will conclude with the student showcase, and I agree to make sure my student is in attendance. **Initial**

Please note: Children who are not enrolled in our program MAY NOT be left at the theater un attended.

For each session I sign up for, I understand I will be required to pay a **\$45 costume rental/production fee** that is **separate from the original tuition price. I understand that this fee is due on the first day of class, and will need to be paid directly to the instructors of Take the Stage Las Vegas before or after class time.** **Initial**

I fully understand the conditions and guidelines set forth here and agree to abide by them.

(Student's Printed Name) (Student's Signature) Date: __/__/____

(Parent's Printed Name) (Parent's Signature) Date: __/__/____