

# The Cue Theatre

FALL 2013 REGISTRATION



*Please complete the application and mail in along with your tuition fee to:  
The Cue Theatre, Inc.; PO Box 113, Slingerlands, NY 12159*

Student's Name \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Camper's Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age as of 9/1/2013 \_\_\_\_\_ Gender: M F

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

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Check Programs:

\_\_\_\_\_ Make a Music Video, ages 10-18  
\_\_\_\_\_ Contemporary Broadway Review, high school age  
\_\_\_\_\_ Be a Star – Triple Threat, ages 5-12  
\_\_\_\_\_ Advanced Acting for Teens, ages 12-18

## PARENT INFORMATION

Parent 1/Guardian Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
Parent 2/Guardian Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Parents' marital status:  Single  Married  Partners  Separated\*  Divorced\*  Widowed

\*If divorced or separated, the child primarily resides with (custodial parent):  mother  father

## 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/guardian) 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 Fall 2013 programming and will expire no later than December 1, 2013.

\_\_\_\_\_  
Signature and Date of Parent/Guardian

## REGISTRATION AND PAYMENT

Student Name: \_\_\_\_\_

**All Tuesday classes begin on September 10, 2013**

**All Thursday classes begin on September 12, 2013**

Check Program	Class Time	\$185 per class
<input type="checkbox"/> Make a Music Video	Tuesdays, 4:30 – 6:30pm	
<input type="checkbox"/> Advanced Acting for Teens	Tuesdays, 6:30 – 8:30pm	
<input type="checkbox"/> Be a Star – Triple Threat	Thursdays, 4:30 – 6:30pm	
<input type="checkbox"/> Contemporary B’way Review	Thursdays, 6:00 – 9:00pm	
SUBTOTAL		
<i>Less 10% Sibling Discount (for second, third, etc)</i>		
<i>Administrative Fee per Family Unit per year</i>		\$20
GRAND TOTAL		

Please fill out a separate registration and payment forms for each child that you are registering for The Cue Theatre. Because the Administrative Fee is **per family unit**, please only pay it on one of the forms submitted. This Administrative Fee covers all programs attended for the 2013/14 Program year.

Sibling Discounts of 10% are applied to the application fees for the second, third, etc. child registered for Fall 2013 programs.

**PAYMENT METHOD:**

\_\_\_\_\_ Check

\_\_\_\_\_ Money Order

*Made Payable to The Cue Theatre, Inc.*

<p><b>Office Use Only</b></p> <p>Total Amount Due: _____</p> <p>Registration Accepted Date: _____</p> <p>Registration Fees Received Date: _____</p>
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