



**A nonrefundable \$100
deposit is due with
registration**

SPRING 2017

PLEASE COMPLETE AND RETURN
REGISTRATION FORM TO:

MARY D'AMICO, DIRECTOR

SHOWS BEING CONSIDERED:

Suessical, Mulan, Schoolhouse Rock Live

(show will be chosen based on registration)

P.O Box 624
Wynantskill, NY 12198
(518) 478-5326
YAG will be held at the
Mueller Center on the
RPI Campus.

☐ **CENTER STAGE (Includes Classes and Show) --\$450.00**
*Program runs from February 25 – May 6 with show dates
TBA as listed below*

Back Stage (Classes only)-----\$300.00

NO CLASSES April 15

TENTATIVE SHOW DATES:

May 12, 13, 14 , 19,20,21

\$100 Non-Refundable deposit is due with tuition. Remainder due by February 25,

STUDENT'S NAME _____ AGE _____

DATE OF BIRTH ____ / ____ / ____ SCHOOL _____ CURRENT GRADE _____

PARENT'S NAME _____ PARENT'S EMAIL _____

STREET ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

IT IS IMPORTANT TO THE ENTIRE CAST AND STAFF THAT THE STUDENT PARTICIPATES IN ALL WEEKS OF THE PROGRAM. If you are aware of any days that your child will not be able to attend the program, please list them below:

IF YOU BECOME AWARE OF ANY NECESSARY ABSENCES, PLEASE INFORM US BY EMAIL AT BESTYAGEVER@GMAIL.COM.

IF A STUDENT MISSES 3 REHEARSALS THEY WILL NOT BE ABLE TO PARTICIPATE IN THE PRODUCTION.

IN CASE OF AN EMERGENCY:

CONTACT _____

PHONE _____

FAMILY DOCTOR _____

DOCTOR'S ADDRESS _____

List all allergies _____

List all medications being taken _____

List all medical problems of which we should be made aware _____

I give permission to Young Actors Guild staff to consent to medical treatment/healthcare services without limitation, on behalf of my/our child/children in my/our stead as may be deemed necessary, proper or prudent in the discretion of said agent, employee and/or chaperone.

Insurance Provider _____ **ID#** _____