



Fall2017

PLEASE COMPLETE AND RETURN
REGISTRATION FORM TO:

MARY D'AMICO, DIRECTOR
YOUNG ACTORS GUILD
P.O Box 624
Wynantskill, NY 12198
Bestyagever@gmail.com

**Production for the Fall
will be chosen based on
registration.**

A nonrefundable \$100 deposit is due with registration.
 CENTER STAGE (Includes Classes and Show) --\$450.00
Classes run from September 23 - December 2
NO CLASSES NOVEMBER 25
TENTATIVE SHOW DATES: DECEMBER 8.9.10

\$100 Non-Refundable deposit is due with tuition. Remainder due by September 15, 2017

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 CALLING 478-5326 AND LEAVE A VOICE MAIL
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# _____