



Please mail \$100 Non-refundable deposit to: YAG

**P.O.Box 624,
Wynantskill, NY 12198**

SPRING 2018

PLEASE COMPLETE AND RETURN
REGISTRATION FORM TO:

P.O Box 624
Wynantskill, NY 12198
(518) 478-5326
Location TBA

☐ **CENTER STAGE (Includes Classes and Show) --\$450.00**
*Program runs from February 24 – May 5 with show dates
TBA as listed below*

Back Stage (Classes only)-----\$300.00
NO CLASSES March 31

TENTATIVE SHOW DATES:
May 11,12,13, or 18,19,20

\$100 Non-Refundable deposit is due with tuition. Remainder due by February 24

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# _____