

The Young Actors Guild of the Capital Region

FALL 2018 REGISTRATION

PLEASE COMPLETE 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.

TENTATIVE SHOW DATES:
DECEMBER 8, 9, 10 OR 14, 15 16
RPI PLAYHOUSE

CENTER STAGE (CLASSES AND SHOW): \$450

CLASSES RUN FROM
SEPTEMBER 29 - DECEMBER 8
AT THE MULLER CENTER
(NO CLASSES NOVEMBER 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 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# _____

\$100 NON-REFUNDABLE DEPOSIT IS DUE WITH TUITION. REMAINDER DUE BY SEPTEMBER ---

BECAUSE DECISIONS ARE MADE REGARDING RENTALS AND ROYALTIES BASED ON ENROLLMENT, UNLESS ARRANGEMENTS HAVE BEEN MADE DUE TO PRIOR CONCERNS, TUITIONS ARE NOT REFUNDABLE ONCE A PROGRAM BEGINS