

Live Oak

THEATRE COMPANY

CONSERVATORY REGISTRATION FORM

STUDENT'S NAME: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (home) _____ PHONE: (other) _____

EMAIL ADDRESS: _____

MALE or FEMALE: _____ DATE of BIRTH: ____/____/____

Previous Performing Arts experience, if any:

School currently attending: _____

Age ____ Grade Completed: _____

PLEASE REGISTER THIS APPLICANT FOR THESE CLASSES:

I HAVE ENCLOSED:

- Individual registration fee of \$35*
 Family Registration fee of \$50

Office Use Only: Date of non refundable registration fee: ____/____/____

Live Oak Conservatory

EMERGENCY CONTACT AND LIABILITY RELEASE FORM

EMERGENCY CONTACT NAME: _____
EMERGENCY CONTACT PHONE: _____

Please list any adult (*other than the parent/s / guardian/s listed above - both automatically have pickup authorization*), who is allowed to pick-up the student from camp (*including the emergency contact*):

MEDICAL / HEALTH INFORMATION:
Allergies or Medical Concerns of Student: None
Yes, as follows:

Activities Student Should Not Participate In:

Physician Name: _____ Phone Number: _____
Dentist Name: _____ Phone Number: _____
Insurance Carrier: _____ Preferred Hospital: _____

Please Complete the following Liability Release:

_____ has my permission to participate in classes at the Live Oak Conservatory. I understand that I am responsible for any damage to property or persons resulting from my child's actions. I understand that consumption or possession of alcohol or illegal drugs is not permitted. I give permission to call for emergency medical services in the event that I or the emergency contact person cannot be reached and even before contacting me when Live Oak Theatre personnel deem it appropriate. I agree that neither the Live Oak Theatre Company, Live Oak Conservatory nor any of its personnel shall have any liability for injury to my child during the classes.

Parent/Legal Guardian

Signature _____ **Date** _____

Public Relations Release (Optional):

I/We, the undersigned parents or legal guardian of the Conservatory participant _____ (participant's name), do hereby give authorization and permission for Live Oak Theatre Company to use, in whole or in part, photos, videos, written extractions and voice recordings of my child while he/she was involved in Live Oak Theatre's Conservatory classes for the purpose of illustrations, publications, and media relations.

Parent/Legal Guardian

Signature _____ **Date** _____