



**Class Registration Form**

Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parents Name & Emergency Contact: \_\_\_\_\_

Please list any prior theatre or dance experiences if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CHOOSE DESIRED SESSION**

\_\_\_\_\_ Winter Session 1 – Saturdays starting 1/7/12 through 3/31/12 from 10 AM – 12noon

\_\_\_\_\_ Winter Session 2 – Wednesdays starting 1/11/12 through 3/29/12 from 4 PM – 6 PM

Class Registration Fee: \$200.00 (\$25.00 sibling discount)  
\$100.00 Non-refundable deposit is due at registration  
final payment due at first class

Check Method of payment: Check \_\_\_\_\_ Credit Card \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

\_\_\_\_\_ Stadium Theatre's Young Actors Academy has permission to take  
photographs/video of my child for promotional purposes.

**Please read and sign the following waiver:** In accordance with Section 7-6-21R.I. General Laws I hereby waive any liability that the Stadium Theatre shall not be liable for any bodily injury to my child, incurred where my child is participating in this program. I authorize the Stadium Theatre to arrange for medical treatment should an emergency arise. It is understood that a conscious effort will be made by the Stadium to contact me at the emergency numbers I have provided.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Registration form to:

Young Actors Academy  
Stadium Theatre Performing Arts Centre  
28 Monument Square  
Woonsocket, RI 02895