

BROADWAY ROSE THEATRE COMPANY

2017 Summer Teen Workshop Registration Form

Student's Name: _____ M/F: __ Age: _____ Birthdate: _____

School: _____

Parent's Name(s): _____

Student's Email: _____

Parent's Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

How did you find out about our workshop? _____

A non-refundable minimum deposit of \$50.00 is due with this registration. Full payment must be received at least 30 days before the first day of the workshop. Cancellation Policy: up to 2 weeks before workshop, all money paid above the deposit will be refunded. In the 2 weeks before workshop, 50% of money paid above the deposit will be refunded. After workshop has begun, there will be no refunds.

Workshops will be held at the Broadway Rose Theatre
12850 SW Grant Ave, Tigard, OR 97223

The Broadway Rose Theatre Company does not provide medical insurance for any participant in any program offered. I, the undersigned Parent or Guardian of this student, a minor, do hereby authorize the directors and teachers of The Broadway Rose Theatre Company as agents for the undersigned to consent to medical emergency treatment. I hereby release The Broadway Rose Theatre Company and its Board of Directors from any and all claims from personal injuries. I also consent that student's photo or video may be taken and used for any purpose deemed necessary to promote Broadway Rose Theatre's education program without compensation. Broadway Rose Theatre is not responsible for transportation of students to or from classes, rehearsals, or performances.

Parent/Guardian Signature: _____ Date: _____

Cost of Workshop: \$550.00 Additional Donation: _____ Total Payment Today: _____
(\$50 deposit)

___ Visa ___ MasterCard ___ Discover ___ American Express ___ Check

Card Number: _____ Exp. Date: _____

Questions? Contact Paul Jacobs at Camps@BroadwayRose.org or 503.603.9862, ext. 116

Mail completed form and payment to:
Broadway Rose, Attn: Drama Camp P.O. Box 231004, Tigard, OR 97281

For Office Use Only: Date Paid: _____ cc auth/Check # _____

BROADWAY ROSE

THEATRE COMPANY

Medical Release & Information Form

Student Name _____ Date of Birth _____

As the undersigned parent and/or legal guardian of the student listed above, I hereby give permission for my student to be given emergency treatment as needed by members of Broadway Rose Theatre Company (BRTC). I give permission for the student to be transported by ambulance to an emergency center for treatment. In the event that I, my student's listed emergency contact, or my preferred physician cannot be contacted, I consent to medical, surgical and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health. I agree that I will not hold BRTC or any member of its staff liable for damages, injuries or losses during the student's participation with the BRTC education programs.

Signature _____ Date _____

Parent/Guardian Name(s) _____

Phone _____ Alternate Phone _____

Non-Parent Emergency Contact _____

Phone _____ Alternate Phone _____

Physician Name _____

Physician's Place of Practice _____ Phone _____

Medical Insurer/Health Plan: _____ Policy #: _____

Please list any important health related information about your child (allergies, medications, special learning needs)

