

The Acting Out Playhouse LLC
Registration Form
Please write clearly

Student's Name _____ Date _____
Address _____ Age _____ Gender: M or F
City _____ State _____ Zip _____
Phone _____ E-Mail _____
School _____ Grade _____ Date of Birth _____
Mother's Name _____ Father's Name _____
Work Phone _____ Cell Phone _____

Emergency Contact

Emergency Contact Name _____
Relationship _____ Phone _____
Doctor's Name _____ Phone: _____
Allergies or limitations: _____

SIGNATURE: _____

Class (s) Name: 1. _____ 2. _____ 3. _____
Day(s) and time(s): 1. _____ 2. _____ 3. _____

Form of payment:

Check # _____ Cash _____ Tuition Amount: _____ + \$25.00 yearly membership fee

Parent's Initial _____ AOP's initial _____
Total: _____



Photography Release

I hereby consent to and authorize the use and reproduction by Acting Out Playhouse, LLC, of any photographs, which it has taken of my child, for Ad's, Brochures, or any purpose to promote the Playhouse without further compensation to me. All negatives and prints are the property of The Acting Out Playhouse, LLC.

Signature: _____ Date: _____