



**Theatre Education Enrollment Form
2011-2012**

Please complete all fields and return to the Director of Education

Date of Enrollment: _____ Name of Teaching Artist: _____

Title of Group Class, Workshop or Private Acting/Voice Lesson:

Session: Fall Winter Spring Summer

Day of the week and Time of class, workshop, Private Acting/Voice lesson:

Day of Week: _____ Time : _____

Student Name: _____ Student Birth Date: _____

Age: _____ Parent or Guardian (If minor): _____

Address: _____

City, State, ZIP: _____

Phone: (_____) _____ Cell: (_____) _____

E-mail: _____

Add to Players Guild E-mail list: Yes No

OFFICE USE:

Amount Due: _____

Select Payment Method:

Cash Cash Given _____

Check Check # _____

Credit Card (Please use Credit Card Form)

Mail to: **Players Guild Theatre**
1001 Market Ave. NW, Canton, OH 44702
Or Call to pay by phone: (330) 453-7619 ext 515

Note: No REFUNDS will be issued unless requested and approved 10 days prior to the start date of classes, lessons, workshops, etc.



Liability Release Form 2011-2012

*Must be completed for EACH New Student or Actor
Effective September 1st, 2011 – September 1st, 2012*

NAME OF STUDENT

STREET ADDRESS

CITY

STATE and ZIP CODE

PHONE

Emergency Contact (must supply TWO contacts):

1st Contact Name _____ Relation _____ 2nd Contact Name _____ Relation _____

Address _____ Address _____

Phone # _____ Cell _____ Phone # _____ Cell _____

Medical Doctor: _____ Phone: _____

Hospital Preference: _____

Allergies: _____

Medicines: _____

Beyond the legal parent/guardian, the above minor may ONLY be released to the following people:

NAME RELATION

NAME RELATION

Emergency Authorization and Release of Liability for Adults and Minors:

I give permission to The Players Guild staff and its appointed staff to obtain emergency medical treatment, including emergency transportation, for myself and/or child. I agree to be responsible for any emergency medical expenses incurred. I give permission to The Players Guild staff to administer aid to myself or child in accordance with instructions from the poison control center. If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency. I individually; and/or as parents, guardians or legal representatives of the above mentioned student hereby release and hold harmless the Players Guild Theatre of Canton and/or agents of the above, their successors, heirs or legal representatives from any and all claims or actions of any kind, arising by reason of any personal injuries or damage to property, and the consequences thereof which may be sustained as a result of their participation in rehearsals, classes, private lessons, and/or productions of the Players Guild Theatre.

Signature of Student Date

Signed by Guardian (if student under 18) Date