

Boerne Community Theatre

Spring 2024 Theatre Academy Registration

January 22nd to April 29th

(No class on February 19th, March 11th, April 1st, April 8th)

With a Showcase Performance on April 29th

Tuition is \$275

Please check below for the class you are registering to attend.

_____ MONDAYS 3:00 – 3:30pm Toddlers in Action (ages 3-5)

_____ MONDAYS 3:45 – 4:30pm Acting Class (ages 6-9)

_____ MONDAYS 4:45 – 5:45pm Acting Class (ages 9-13)

Student's First Name: _____ Last Name: _____

Gender: _____ M _____ F Age at start of class: _____ Date of Birth: _____/_____/_____

PHOTO AND PUBLICITY WAIVER – please initial:

_____ I GIVE permission for my child's picture to appear in BCT publications, Facebook page or on the BCT website.

Parent(s) or guardian(s) name(s): _____

Contact E-mail: _____

Mailing address: _____ City/Zip: _____

Home phone number: (_____) _____ - _____ Parent's work phone: (_____) _____ - _____

Mom's cell phone: (_____) _____ - _____ Dad's cell phone: (_____) _____ - _____

Emergency contact's name:

Phone number: (_____) _____ - _____ Phone number: (_____) _____ - _____

Names & phone numbers of persons (other than parents/guardians and emergency contact) authorized to pick my child up from class: ** If you do not list anyone below, parents/guardians listed above will be the **ONLY** people authorized for pick up**

Name: _____ Phone: (_____) _____ - _____

Name: _____ Phone: (_____) _____ - _____

Medical Information – Must be completed and signed or we cannot process your student’s enrollment!

All information will be held in strictest confidence. The welfare and safety of our children is of utmost importance to us. So we can make informed decisions in case of emergency, please complete the following:

Child’s primary physician: _____ Phone (_____) _____ - _____

Please list ALL learning disabilities, food allergies, medical, physical, mental conditions, or **ANYTHING** we need to be aware of.

In case of emergency, we will make every effort to contact you. If necessary, however, do we have your permission to seek medical attention, including emergency services (circle one)? *Yes* *No*

Parent/Guardian’s Signature _____ Date: _____

Release of Liability

I hereby release Boerne Community Theatre Board of Governors, officers, employees, agents, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source which might occur while participating in this event. I am aware of the risks of participation, which include, but are not limited to, injury due to physical activity. I understand that participation in this program is strictly voluntary and I freely chose to have my child participate. I understand that the theatre does not provide medical coverage for my child. I verify that I will be responsible for any medical costs that incur as a result of my child’s participation.

Parent/Guardian’s Signature _____ Date: _____

Please enclose a check for \$275 per child, per class, payable to Boerne Community Theatre (place your student’s first and last name next to the “for” section of the check) and this signed and completed application form. Mail to:

**Patricia Hausman
Boerne Community Theatre
P.O. Box 891
Boerne, TX 78006**

Refunds less \$25 processing fee will be given for cancellations made no less than one week prior to the first day of class.

For additional information, call 830-249-9166 or 210-771-8809