

Boerne Community Theatre

Spring 2025 Theatre Academy Registration
January 27-April 30 (no classes Feb 17, March 10, 12, and 17)

BCT Academy is located at 113 South Plant Suite DD (directly behind BCT)

Showcase Performances for all classes on May 5th at 6pm

Tuition for each class is \$275

Please mark below the class you are registering to attend

_____	MONDAYS	3:00-3:30pm	Toddlers in Action	Ages 3-5
_____	MONDAYS	3:45-4:30pm	Beginning Acting Class	Ages 6-9
_____	MONDAYS	4:45-6:00pm	Production Class	Ages 9-13
_____	WEDNESDAYS	4:45-5:45pm	NeuroCreate: Exploring Technique for Autistic and ADHD Actors	Ages 9-13

Student's First Name: _____ Last Name: _____

Gender: Male / Female Age at start of class _____ Birthdate _____

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: _____

Mom's Cell: (____) _____ - _____ Dad's Cell: (____) _____ - _____

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:

Payment can be made through the website at www.boernetheatre.org click on the YOUTH tab at the top and go to the Academy page. There is a link to pay for the class online.

OR you can send 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**

Payments and forms can also be turned in the first day of class.

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