



Bay Children's Theatre Academy Participant Registration Form

PARTICIPANT INFORMATION

Participant First Name _____ Last Name _____

Gender _____ Grade (Spring '14) _____ School _____

Where did you hear about BCTA? _____

Rehearsal or production photos and videos may be used for publicity purposes. If you have any concerns, please contact auracbutler@gmail.com

PARENT/GUARDIAN 1

Parent/Guardian Name _____

Relationship _____

Street Address _____ City _____

State _____ Zip _____ Primary phone _____

Secondary Phone _____ Email _____

PARENT/GUARDIAN 2

Parent/Guardian Name _____

Relationship _____

Street Address _____ City _____

State _____ Zip _____ Primary phone _____

Secondary Phone _____ Email _____

PROGRAM REGISTRATION

Please indicate the program for which you'd like to register:

- Stage Explorers (ages 4 and up) Pay-by-the-class \$8 each
- Stage Explorers (ages 4 and up) Four classes \$30
- Theater Academy (readers ages 12 and under) \$60
- Combo Package to attend Explorers and Academy back-to-back (readers ages 12 and under) \$85

TOTAL TUITION _____

PAYMENT OPTIONS:

- Cash
- Check (Made Payable to Laura Cordeiro)

EMERGENCY INFORMATION

Participant Name

Last First

Parent/Guardian 1 Parent/Guardian 2

Primary Phone Primary Phone

Secondary Phone Secondary Phone

If above listed Parent/Guardian(S) CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING:
Name Name

Relationship Relationship

Phone(s) Phone(s)

Please specify any medical conditions, including severe allergies

AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND RELEASE OF LIABILITY

In the event of a medical emergency, including accident or sudden illness, I, the undersigned parent or legal guardian of the participant named on this form ("Child") hereby give permission to Bay St. Louis Little Theatre, Bay Children's Theatre Academy and Laura Cordeiro to seek medical treatment for my Child from the closest appropriate medical practitioner or hospital available, and to arrange necessary related medical transportation. Should medical attention be required to care for my Child beyond that provided by the program staff, I agree to pay any expenses incurred. I understand that all reasonable efforts will be made to contact me or the listed emergency contacts in the case that medical attention will become necessary. I hereby absolve Bay St Louis Little Theatre, including all employees, officers and trustees, Bay Children's Theatre Academy, and Laura Cordeiro from all liability and will not hold them responsible for injury incurred to the above registered person. I hereby give my approval to the person's participation in this activity.

PROGRAM POLICIES

- The information I have provided is correct to the best of my knowledge, and the person herein described has permission to engage in all program activities except as noted on this form.
- Payment in full is due at the time of registration, unless alternative arrangements have been made in advance with BCTA staff.
- A tuition refund, minus a \$20 non-refundable administrative fee, is available if the participant is withdrawn (via phone, email or in person) within 24 hours after the first meeting. No refunds will be made after this time. (A full tuition refund will be made if a program is canceled due to insufficient enrollment)

I, the undersigned, have read, understood, and agree to the AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND RELEASE OF LIABILITY and POLICIES information listed on this form.

Parent/Guardian Name

Signature_____

Relationship_____ Date_____

Return completed registration and payment to Laura Cordeiro, or drop off in locked yellow drop box on front porch of Bay St Louis Little Theater, 398 Blaize Ave, Bay St Louis, MS 39520

QUESTIONS? 404-587-1700 • www.bsllt.org