



# Bay Children's Theatre Academy

## Participant Registration Form

### PARTICIPANT INFORMATION

Participant First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ 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 [lauracbutler@gmail.com](mailto:lauracbutler@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:
- \$13 for one class
- \$24 for two classes

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](http://www.bsllt.org)