

Sands Youth Theater Company
Second Saturday Workshops Series

Class Cost: \$10.00

Registration / Medical Form



Class Title: _____ Class Date: _____

Student Name: _____ Age: _____

Street Address: _____

City: _____ Zip: _____ School: _____

Parent / Guardian Name: _____

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

Email address: _____

Do you wish to be added to our email newsletter list? Yes _____ No _____

List all persons authorized to pick up student:

Class Title and Sessions: Second Saturday Workshop Series

Total tuition due: \$ _____ Deposit Included: \$ _____ Balance: \$ _____

*****Make Checks Payable to: "Sands Theater Center Inc."*****

Medical / Release Information:

Please explain any medical problems, handicaps, special needs, special diets, etc. that we need to be aware of: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Phone: (cell) _____ Phone: (work) _____

Waiver: I hereby authorize my child to participate in activities sponsored by the Sands Theater Center Inc. In case of an accident requiring medical treatment, I authorize my child to receive such treatment as the attending personnel deem appropriate. I also agree to not hold the Sands Theater Center Inc. or persons acting on its behalf, responsible for injuries suffered by my child during activities sponsored by the Sands Theater Center Inc, including claims that I, or my family might have arising out of the negligence of Sands Theatre Center, Inc, its agents or employees. In consideration of the Sands Theater Center's acceptance of my child's enrollment, I hereby waive and release any and all rights and claims to damage against the Sands Theater Center Inc.

I grant full permission to the Sands Theater Center to use any photographs of theater activities for promotional purposes. I understand that the balance of tuition is due on the first day of camp, or class. I understand that the Theater administrators have the right to dismiss any student for any serious misbehavior and that I will not be entitled to a refund of tuition. By signing this form, I acknowledge that I have read and understand the above policies. This agreement is a legally binding instrument when signed by registrant and accepted by Sands Theater Center Inc.

Parent / Guardian Signature: _____ Date: _____

MAIL TO: Sands Theater Center c/o S.Y.T.C., P.O. Box 4550 DeLand, FL 32721-4550