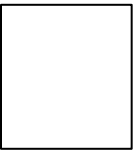


CLASS NAME _____
GEAUGA LYRIC THEATER GUILD WORKSHOP REGISTRATION FORM



PLEASE PRINT NEATLY!

Participant's Name: _____
Parents Names: (print) _____
Date of Birth: _____ Age: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ email: _____

Please Read the following Terms of Participation Carefully

***I understand that participation in the class is a commitment. For performing arts:
I understand I must attend all the tech rehearsals and scheduled performances.***

***I understand I am not to leave the premises during classtime, rehearsals or
performances unless written permission from a parent/guardian is on file. I will
conduct myself in a manner that will insure the safety of me, other participants
and the property of the facility. I will also participate with behavior that is
appropriate and conducive to the success of the class.***

***I understand that in violating any of these guidelines, I may be dismissed and that
I will not be entitled to any refund.***

I understand that I am a willing participant in this workshop and release the Geauga Lyric Theater Guild ,
Geaugathater.org, and any of their representatives from any and all claims for damages or personal
injuries incurred or resulting in any way from the participation in any and all Geauga Lyric Theater Guild ,
Geaugathater.org activities, and forever release the Geauga Lyric Theater Guild, Geaugathater.org, and
their representatives from any and all liability resulting from said participation.

REFUND POLICY

The Geauga Lyric Theater Guild, Geaugathater.org, regrets that we are unable to offer refunds after a
student has submitted a paid registration for a class. If the class fails to fulfill the enrollment requirement,
all fees will be refunded.

Signature of student _____

Signature of parent or guardian if attendee is under 18 years of age _____ **Date** _____

Date

Photography Release Form

I recognize the value of audio-visual and other types of electronic communication in providing an effective
education and hereby grant permission for Geauga Lyric Theater Guild, Geaugathater.org, or any of their
said representatives to photograph or videotape my image and my work as part of our educational
process produced by our organization/s.

I further grant permission for the photographs or videotapes to be used in media presentations that may
be made available to various media outlets including local, network, and national outlets. I further
understand that my image, name, work product, grade may be revealed in the presentation/s, but that no
other information will be revealed without prior consent.

Signature of student _____

Signature of parent or guardian if attendee is under 18 years of age _____ **Date** _____

Date

_____ **I do not** give my consent for to be photographed for any reason.

Attendee/Parent/Guardian Signature _____ **Date** _____

MEDICAL INFORMATION

Attendee's name: _____ Age _____

Physician's name: _____ Ph # _____

List below any allergies and/or other information necessary for medical treatment.

Be specific. _____

Medication taken on a regular basis: _____

Prescribed for: _____

Dosage: _____

Restrictions on activities _____

MEDICAL RELEASE: (IF UNDER 18)

In the event reasonable attempts to contact me at the above number, or to contact _____ (emergency contact) at _____ (phone number) have been unsuccessful, I consent to any emergency medical treatment administered to my child (under 18) by employees, staff or medical personnel, & consent to any medical treatment administered to my child (under 18) deemed necessary by a licensed physician or dentist.

Signature of Parent/Guardian: _____

Date: _____

Refusal to Consent

I do not give my consent for emergency medical treatment of my child (under 18). In the event of illness or injury requiring treatment, I wish the GLTG to take no action or to:

Signature of Parent/Guardian: _____

Date: _____

CLASS FEE

Paid: **Cash** _____

Check # _____ **Amount** _____

Credit Card: MasterCard OR Visa (Information will not be retained)

Card Number _____

Exp. Date _____

Cardholder name (please print) _____

Cardholder signature _____ **Date** _____

To be completed by GLTG Office Staff:

Notes: _____

Received by _____ Date _____