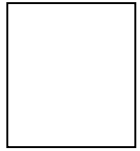


**WORKSHOP**  
**GEAUGA LYRIC THEATER GUILD WORKSHOP REGISTRATION FORM**  
*PLEASE PRINT NEATLY!*



Participant's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ email: \_\_\_\_\_  
Cell: \_\_\_\_\_ student email: \_\_\_\_\_  
Parent's names: \_\_\_\_\_

**Please Read the following Terms of Participation Carefully**

***I understand that participation in the workshop is a commitment and therefore I will not miss (unless otherwise arranged with the instructor). I understand I must attend all the tech rehearsals and scheduled performances.***

***I understand I am not to leave the premises during the workshop 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 workshop/production.***

***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 workshop.

**Signature of student (if older than 18)** \_\_\_\_\_

**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 your image and your 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 (if older than 18)** \_\_\_\_\_

**Signature of parent or guardian if attendee is under 18 years of age** \_\_\_\_\_ **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:**

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:** \_\_\_\_\_

**Signature (18 and over):** \_\_\_\_\_

**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 \_\_\_\_\_

**CURRENT GLTG FAMILY MEMBER:** \_\_\_\_\_

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 \_\_\_\_\_