



626-577-5922

# REGISTRATION FORM

Summer | Year: \_\_\_\_\_

## Two Ways to Submit:

- Email to [info@theatre360.org](mailto:info@theatre360.org), you can either:
  - Scan or take a picture OR
  - Fill in directly & save under a new name
- Mail to: PO Box 70242, Pasadena, CA 91117

How did you hear about us? \_\_\_\_\_ Are you new? ☐ Are you returning? ☐

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate\*: \_\_\_\_\_ Gender: \_\_\_\_\_  
Session: \_\_\_\_\_ Cost: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate\*: \_\_\_\_\_ Gender: \_\_\_\_\_  
Session: \_\_\_\_\_ Cost: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate\*: \_\_\_\_\_ Gender: \_\_\_\_\_  
Session: \_\_\_\_\_ Cost: \_\_\_\_\_

\*Important Note: Student must be the exact age we require for each class on the date that class begins.

Write notes for our staff below (ie. requesting friends to be together)  
Please put allergies/medications on next page.

Subtotal: \_\_\_\_\_

Discounts: \_\_\_\_\_

Donation to Scholarship Fund: \_\_\_\_\_

Grand Total: \_\_\_\_\_

Method of Payment: ☐ Check Enclosed

Charge to my Credit Card: ☐ Visa ☐ MasterCard

Card Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVS #: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

## Family Information:

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address for updates and notices: \_\_\_\_\_

Name of school student attends: \_\_\_\_\_

☐ Please check here if your child needs special accommodations due to a medical condition or disability. If there is anything the Theatre 360 staff should know regarding your child's condition, please call the office at (626) 577-5922. We want to be aware of any special needs so that you and your child will have a positive experience at Theatre 360.

I have read, understand, and agree to all of the policies stated on Theatre 360's website X \_\_\_\_\_

## For Office Use Only.

Date of Sign Up: \_\_\_\_\_

Method of Payment:

Deposit: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card:

Cash: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Date: \_\_\_\_\_

Visa ☐

Check: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Date: \_\_\_\_\_

MasterCard ☐

Signed up for Automatic Debit Date: \_\_\_\_\_ Date of Payments/Amount: \_\_\_\_\_



## Summer 2020

Student(s) Name(s): \_\_\_\_\_

### Pick Up

Please list all persons authorized to pick up your child. List name and phone.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Emergency Contacts

Please list two emergency contacts for your child. We will call parents/primary guardians first and then these contacts:

- |          |                     |         |
|----------|---------------------|---------|
| 1. _____ | _____               | _____   |
| Name     | Relation to Student | Phone # |
| 2. _____ | _____               | _____   |
| Name     | Relation to Student | Phone # |

### Allergies

Please list any allergies or medical conditions your child has:

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**Vaccinations:** My student(s) are up-to-date on all vaccinations: Yes ☐ No ☐



## Parental Consent and Release

We are the parents and/or legal guardians of \_\_\_\_\_ (hereafter to be referred to as "Participant"). We hereby consent to Participant's participation in theatre arts classes offered by Theatre 360 Performing Arts, Inc., dba Theatre 360 School ("Theatre 360 School"). In doing so, we acknowledge that we have read and agree to the following conditions for enrollment. (Theatre 360 School and Theatre 360 Productions will hereafter be referred to as Theatre 360.)

**1. Drop off Time/ Attendance:** Students may be dropped off no earlier than 8:30am. We understand that prior to that time supervision is not available. It is understood that classes begin promptly and that not only does tardiness impact our child's progress in the class, but it affects the other students as well and we agree that multiple absences and/or excessive tardiness will prohibit our child from being able to perform on the final day. (Simply due to lack of rehearsal time). It is understood that we are not allowed to walk our child to class, and **we must check into the office if late.** \_\_\_\_\_ **Initial here**

**a. Pick-up Time:** Please pick up your child promptly at the end of the day; 2:30pm. There is a fifteen-minute grace period, however after that your child will **automatically be enrolled in after care at \$20 for the day**, regardless of how long they stay in aftercare. You will be sent an invoice and fees are due by end of your respective camp session. \_\_\_\_\_ **Initial here**

**b. After Care** is from 2:30 p.m. to 5 p.m. and is available for children ages 6-17 for \$20 per day/per child. It is available every day, *except* the last day of the session. It can be used on an as-needed basis. To enroll, you will need to provide us with a credit card to keep on file. \_\_\_\_\_ **Initial here**

**2. Cell Phones:** We agree that cell phones can be disruptive and that taking or making calls, texting or using the internet during class is inappropriate. Cell phones are only allowed as recording devices, to take notes or to mark calendars. Teaching Artists have the authority to confiscate cell phones being used inappropriately. We understand that all communications need to go through the office 626.577.5922. Cell phones will be returned at the end of class. \_\_\_\_\_ **Initial here**

**3. Dress Code:** Student will need to wear and provide their own mask or face shield. Students should feel comfortable to move freely without reservation. If skirts or dresses are worn, shorts must be worn underneath. For safety reasons, no sandals, flip-flops or crocs are allowed. For dance classes, jazz shoes or ballet slippers are suggested, but tennis shoes are fine. Long hair must be pulled back. \_\_\_\_\_ **Initial here**

**4. Visitors/Class Observation:** It is understood that Theatre 360 maintains a closed-class policy. We feel that the Theatre 360 class is a uniquely special time for the kids and their Teaching Artists to share together on their own. Closed-class time allows participants to focus without interruption making the class environment conducive to a highly creative, educational, and cooperative experience. Parents are invited to watch a showcase the final day, an email will be sent to notify you of what time. \_\_\_\_\_ **Initial here**

**5. Refunds:** **All requests for refunds or credits must be submitted in writing and emailed to [info@theatre360.org](mailto:info@theatre360.org).** It is understood that if we choose to cancel, a credit or refund will be provided up to **14 days prior** to the start of the camp minus a \$125 deposit for two weeks camps or \$75 for one week camps. If a refund is granted, please allow up to 30 days for processing. Credits are good for up to one year from the start date of the class. Credits cannot be transferred to a refund at any time for any reason. Credits cannot be used for anything other than a class or camp, including but not limited to: production fees, private lessons, New York trip fees, tickets or workshops. Credits are non-transferable to anyone else. We do not prorate any portion of the camp fee and do not offer refunds/credits due to illness or personal scheduling conflicts. **NO REFUNDS OR CREDITS if cancelled with less than 14 days to the start of a session or if you auditioned for a production and did not accept your role, get cast, or choose to drop out of the production prior to the performance.** \_\_\_\_\_ **Initial here**

**6. Session Changes:** If you would like to change from one session to another, there will be a \$20 fee per change, per child.

\_\_\_\_\_ **Initial here**

**7. Medication:** It is understood that students bringing any type of non-prescription medication must first submit a note to the staff by a parent indicating the frequency that the medication should be taken. We agree that once the student has submitted the note, the student may be allowed to carry the non-prescription medication on their person while at Theatre 360 and is responsible for taking the proper dosages at the proper time. For prescription medication, we agree to contact the office prior to our child attending class to discuss the best course of action for our child and the theatre. We agree that students must be ultimately responsible for knowing when and how much medication to take and that Theatre 360 is not responsible for administering proper dosages at proper times to students (the same is applicable to asthma inhalers). \_\_\_\_\_ **Initial here**

**8. Conduct:** It is understood that Theatre 360 and its employees and volunteers do not discriminate based on gender, race, creed, ethnicity or religion. We agree that the students must treat one another with the highest respect. We agree that **INAPPROPRIATE BEHAVIOR AND/OR PROFANITY WILL NOT BE TOLERATED AND THAT STUDENTS WILL BE DISMISSED FROM THE THEATRE** if behavior becomes an issue. It is understood that if a student violates Theatre 360 policy, the parent will be contacted in a timely fashion and steps will be taken to correct the matter. We agree that if the child's behavior does not improve, Theatre 360 will dismiss the student and that in all cases, Theatre 360 has final say in any dismissal. It is understood that the following behaviors are criteria for immediate dismissal: disrespect toward faculty or staff member or anything that manifests contempt for Theatre 360 authority; roughhousing, fighting, disruptive and/or threatening behavior, bringing any weapon of any kind; threatening any student, teacher, staff member or parent; gang/crew involvement (dress, signs, language, etc.); being in possession or under the influence of any illegal drugs or alcohol; smoking in the theatre or within 50 feet of the theatre grounds; theft of any theatre or personal property; damage of any kind to theatre or personal property. We agree to speak to our children and remind them of the correct and expected way to behave while in school. It is understood that if at any time, a parent can no longer support Theatre 360 policies, they are encouraged to withdraw their child, and no refund or credit will be provided. It is understood and we agree that parents and guardians should not upbraid, insult, or abuse any member of the theatre administration, faculty, parent, student or staff on or off the theatre premises. \_\_\_\_\_ **Initial here**

**9. Disclosure:** It is understood that the parents/guardians of students enrolling in class are obligated and required to inform Theatre 360 at the time of the application, of any physical or behavioral problems the child has which have required professional treatment. This is a school of theatre and it is understood that the school may decline to accept such child, or may revoke such acceptance, when it is apparent the child may not have a successful experience at the theatre or may cause other students to not have a successful experience at the theatre. For a successful experience at Theatre 360 complete transparency is mandatory. Theatre 360 cannot be held liable or responsible for any issues that may occur due to non-full disclosure. It is understood that the staff and faculty of Theatre 360 are trained theatre teachers—not therapists or counselors. \_\_\_\_\_ **Initial here**

**10. Lost/Stolen/Damaged Property:** We agree that Theatre 360 is not responsible for the loss or damage to a student's personal belongings for any reason. The theatre strongly recommends that students not bring items of value to classes or rehearsals. \_\_\_\_\_ **Initial here**

**11. Photography & Video Release:** I hereby grant Theatre 360 the absolute and irrevocable right and permission, with respect to the photographs, images, or video footage they have taken or may take of the Participant or in which the participant may be included with others:

a. To use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with the other photographs, images, or video footage for the purpose of advertising, promotion, or public relations, through any medium; and

b. To use the Participant's name in connection therewith if they so choose. \_\_\_\_\_ **Initial here**

I recognize that there may be risks associated with classes and pursuits that may involve such activities as group acting, singing, and dancing. These risks include risk of injury and property damage. It is also understood that such conditions also relate to acts of nature. Being fully cognizant of the risks in

participating in such classes and activities, I hereby fully and willingly assume those risks. In consideration for the services provided by Theatre 360, I hereby enter into the legally binding Release set forth below:

**I HEREBY EXPRESSLY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE NOT TO SUE OR SEEK INDEMNITY FROM THEATRE 360, ITS AGENTS, DIRECTORS, OFFICERS, STAFF AND EMPLOYEES FOR ANY AND ALL LIABILITY AND CLAIMS ARISING FROM LOSS, INJURY, ILLNESS OR HARM IN CONNECTION WITH ITS THEATRE ARTS CLASSES WHETHER THE RISKS ARE KNOWN OR UNKNOWN. I UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ACTS OR FAILURES TO ACT BY THEATRE 360, ITS AGENTS, DIRECTORS, OFFICERS, STAFF AND EMPLOYEES, EXCEPT FOR THE CONDUCT PROVIDED FOR IN SECTION 1668 OF THE CALIFORNIA CIVIL CODE, SUCH AS WILLFUL, FRAUDULENT OR OTHERWISE ILLEGAL CONDUCT.**

In connection with the release of unknown risks, I am familiar with the provisions of Section 1542 of the California Civil Code, which provides:

**A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THIS RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTORS.**

**I HEREBY WAIVE THE PROVISIONS OF SECTION 1542 IN CONNECTION WITH ANY UNKNOWN RISKS THAT MAY AFFECT THE PARTICIPANT DURING HIS/HER PARTICIPATION IN CLASSES OFFERED BY THEATRE 360.**

I have read the entire Parental Consent and Release, and fully understand it. I agree that its terms shall bind me, the Participant, and our heirs, legal representatives and assigns as to all current and future classes the Participant may take at Theatre 360 unless I revoke the Parental Consent and Release in writing. The revocation shall apply only to future classes offered by Theatre 360.

I agree to be bound by the terms of this Agreement.

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Parent's or Guardian's Signature

Dated:

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Participant

Dated: