



Theatre Company of Saugus, Inc.
PO Box 1058, Saugus, MA 01906
tcsaugus@gmail.com / 781-816-7019
www.tcsaugus.org

Registration Form
Youth Theatre Workshop
July 15 - 19 & 22 - 27, 2019
Meet and Greet/Auditions - TBD

Participant: _____ D.O.B: ____ / ____ / ____ Age: _____

Parent/Guardian Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Emergency Contact: _____

Emergency Contact #: _____ Relation: _____

Early Registration: \$350 paid in full before June 24, 2019

Registration: \$400

Payment enclosed: yes/no (circle one) check/cash _____

Theater Experience: Describe: _____	yes	no	(circle one)	_____ # Years
Singing Experience: Describe: _____	yes	no	(circle one)	_____ # Years
Dancing Experience: Describe: _____	yes	no	(circle one)	_____ # Years

Registration

Full payment is due at or prior to the beginning of the first class.

Theatre Company of Saugus reserves the right to cancel due to insufficient enrollment.

Make all checks payable to: Theatre Company of Saugus

There will be a \$15 charge to the payee of a bounced or returned check.

****Venue**** Both weeks will be held at the American Legion 44 Taylor St Saugus, MA 01906

*****Please Note: This venue's performance space is on the second floor and is not handicap accessible. Please contact us to discuss any questions or concerns.**

Refunds

Full refunds are issued in the event of a class cancellation.

No refunds will be issued after a class has started.

For further information, or to register contact:

Email us at Tcsaugus@gmail.com or call 781-816-7019



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**Talent Release Form
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July 15 - 19 & 22 - 27, 2019**

Participant: _____ **D.O.B:** ____ / ____ **Age:** _____

Parent/Guardian Name: _____

I hereby assign and grant to The Theatre Company of Saugus the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of my child during the workshop, and I hereby release the Theatre Company of Saugus, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Theatre Company of Saugus, and I specifically waive any right to any compensation I may have for any of the foregoing.

Parent/Guardian Signature: _____



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Health Form
Youth Theatre Workshop
July 15 - 19 & 22 - 27, 2019

Participant: _____ **D.O.B:** ____ / ____ / ____ **Age:** _____

Parent/Guardian Name: _____

Home #: _____ **Cell #:** _____

Emergency Contact: _____

Emergency Contact #: _____ **Relation:** _____

Does Participant have any Allergies? yes/no (circle one) (please list below)

Is the Participant on any special diet? yes/no (circle one) (please list below)

Does the Participant have any special needs? yes/no (circle one)(please list below)

(Please Check one)

_____ **Participant may participate in all Workshop activities**

_____ **Participant may participate in all Workshop activities except:**

In case of an emergency involving my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the Theatre Company of Saugus Staff to contact 911 and secure proper treatment from medical providers, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge, medical staff, workshop management, and/or any physician or health care provider involved in providing medical care to the participant.

I release the Theatre Company of Saugus, the Workshop Staff, volunteers, related parties, or other organizations associated with the Workshop from any and all claims or liability arising out of participation.

Parent/Guardian Signature: _____