



FOX THEATRE RISING STARS: A Musical Theatre Intensive

Monday, July 9, 2012 – Friday, July 20, 2012 • Monday – Friday • 9:00am – 5:00pm

STUDENT INFORMATION (PLEASE PRINT CLEARLY)

Name _____ Date of Birth _____ Male Female
Address _____
City _____ State _____ Zip _____ Home Phone (____) _____
Parent's E-mail _____ Student's E-mail _____
School Name _____ Grade Entering in the Fall _____
Parent's / Guardian's Name _____
Parent's / Guardian's Cell Phone (____) _____ Parent's/Guardian's Office Phone (____) _____
Emergency Contact: _____ Emergency Contact's Phone (____) _____
Student T-Shirt Size (circle one): Child 10/12 Child 14/16 Adult S Adult M Adult L Adult XXL

PAYMENT INFORMATION (TUITION FEE IS \$650)

- Full Payment is Enclosed: Amount \$ _____
- Deposit is Enclosed: Amount \$ _____ Balance Due \$ _____

For Deposit Payments Via Credit Card Only: I hereby acknowledge that my credit card will automatically be billed the balance of the registration fee(s) without advance notice within four (4) weeks of the program start date. I understand I can cancel this automatic payment at any time by contacting Sarah duBignon (404.881.2087) in advance.

Signature _____

For Deposit Payments Via Check Only: A second check for the balance is due four (4) weeks prior to the program.

3. Payment Method:

Check (Make check payable to The Fox Theatre) MasterCard Visa AMEX

Account # _____ Expiration Date _____

Name as Listed on Card _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____ Date _____



Tell us a little about yourself by answering the following questions on a separate piece of paper.
Please write legibly and in black ink.

1. Do you take any classes in the performing arts or play a musical instrument? Yes No
If so, describe your activities.

2. Have you ever been involved in a play or musical in your school or community theatre? Yes No
If so, describe your experience.

3. What area(s) of the performing arts (e.g. performing, costume or scenery design, stage management, choreography, etc.) most interest(s) you? What do you want to learn about this area?

4. What are your favorite shows and why?

5. Do you aspire to work professionally in the performing arts industry? Yes No
If so how?

6. Why do you want to attend **THE FOX RISING STARS: A MUSICAL THEATRE INTENSIVE**?
(This question is very important – please take your time and think about your answer.)



2012 MEDICAL RELEASE

THE FOX THEATRE RISING STARS is committed to providing individual attention to each student who attends our program. To ensure the good health and safety of your child, please complete and return this form. **Students will not be permitted to begin class without a signed medical release.** Thank you for your cooperation.

Student Name _____ Date of Birth _____

Parent / Legal Guardian Name _____

Daytime Phone (____) _____ Evening Phone (____) _____

Emergency Contact Name: _____

Relationship to Student: _____

Daytime Phone (____) _____ Evening Phone (____) _____

Family Doctor: _____ Doctor Phone (____) _____

Does your child wear glasses and/or contacts? Glasses Contacts

Please list physical injuries or chronic health problems that we should be aware of (e.g. asthma, epilepsy, knee injury, etc.): _____

Please list any medical restrictions or allergies: _____

Please list any food allergies or dietary restrictions: _____

Is your child taking any medications or is there any other information we should know? Yes No

Name of medication: _____ Dosage _____

Expiration Date: _____ How often must medication be taken? _____

Is your child authorized to self-medicate? Yes No

Amount to be given at FOX THEATRE RISING STARS: _____

Describe any special storage requirements: _____

Describe any specific directions or special precautions for administering medicine (e.g. take on an empty stomach with food): _____



Describe any possible effects/adverse reactions: _____

List other medications the student may take (at parent's discretion, e.g. Tylenol for minor headaches): _____

Note: The FOX THEATRE RISING STARS staff is NOT able to administer medications of any kind to your child. Please be sure that your child brings any needed medications each day to Camp.

Please list any other special needs or conditions that your child may have: _____

Please sign the following statement:

The information in this release is correct to the best of my knowledge. My child has permission to take part in all FOX THEATRE RISING STARS activities. I understand that every attempt will be made to contact me in case of an emergency. In the event I cannot be reached, I give consent to emergency transportation, x-rays, medical treatment(s), surgery or dental care for my child. I agree to assume responsibility for charges so incurred.

Parent of Legal Guardian (Print Name) Date _____

Parent or Legal Guardian (Signature) Date _____

If a medical emergency occurs which involves the need to take your child to a doctor or to the hospital emergency room and we cannot reach you, we must have your written permission for us to seek medical attention or the doctor will not see the child. All efforts will be made to contact you or the emergency contact person listed above.

Please have your doctor sign the following statement:

I, the undersigned, have examined the above named child and found them to be in good health and able to participate in all FOX THEATRE RISING STARS classes, workshops, and entertainment activities.

Doctor (Print Name) Date: _____

Doctor (Signature) Date: _____

We also need the following information:

Do you have medical insurance covering your child? Yes No

If yes, what is your insurance company? _____

Policy Number: _____



2012 SIGN-OUT RELEASE

FOX THEATRE RISING STARS ends each day at 5:00 pm. In order to insure the safety of all of our participants, we will not release a child to anyone other than a parent or legal guardian, unless authorized to do so in writing. Please complete the section below that applies to you.

Student Name _____ Phone () _____

I will be picking up my child at the end of each day.

Parent Name _____ Phone () _____

I give the following person(s) permission to pick up my child.

Name _____ Phone () _____

Name _____ Phone () _____

Name _____ Phone () _____

Name _____ Phone () _____

My child has permission to leave Fox Theatre Rising Stars on his/her own.

Parent Name _____ Phone () _____

I, the undersigned, am aware and agree that once my child leaves the Fox Theatre, FOX THEATRE RISING STARS is no longer responsible for his/her whereabouts, actions, or welfare.

Parent or Legal Guardian (Print Name) Date _____

Parent or Legal Guardian (Signature) Date _____

Note: If you are visiting from out of town, please make sure to inform the staff where you can be reached.



2012 Student Release Form

Please read carefully, then sign and date the following statements.

FOX THEATRE RISING STARS is dedicated to providing an informative and entertaining experience for your child. FOX THEATRE RISING STARS maintains constant adult supervision for all activities.

Student Name _____

By enrollment in this program, I _____ (parent/legal guardian) grant FOX THEATRE RISING STARS permission to:

- take my child on an off-site field trip that may include, but is not limited to, a supervised walking tour.
- take photographs, and/or make video or audio recordings of my child, and use them in connection with the promotion or publicity for FOX THEATRE RISING STARS.

I agree that neither FOX THEATRE RISING STARS, nor any of its employees, independent contractors, directors and/or officers will be held liable for any injury which may occur to my child while attending FOX THEATRE RISING STARS. This includes, but is not limited to, any activities in which he/she may participate including classes in singing, acting, dancing, physical comedy, stage craft, theatrical mask work, warm-up exercises and/or meals. I hereby release FOX THEATRE RISING STARS and their respective employees, independent contractors, directors and/or officers from any and all legal or financial claims.

Parent of Legal Guardian (Print Name) Date _____

Parent or Legal Guardian (Signature) Date _____



2012 Release of Liability

Dear Parent:

Please read the following carefully. **Your child will not be permitted to attend FOX THEATRE RISING STARS until this release is received.**

I am aware that dance training and the stretching exercises associated with it places unusual demands on the body and carry with them the risk of injury. On behalf of my child and myself, I assume the risk and agree that the Fox Theatre shall not be liable in any way for injuries sustained during attendance of Fox Theatre Rising Stars. It is also understood that dance instruction involves kinetic corrections that may include physical contact with the student as part of regular class work and rehearsals.

My child is covered under the following insurance plan: _____

My child's policy number is: _____

Date

Name of Student (please print)

Signature of Parent or Guardian