

**THEATRE IN THE GROVE**  
**School of Theatre Arts Registration Form**

Class: \_\_\_\_\_ Tuition: \_\_\_\_\_ \*

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Telephone #(s)Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

**For Registrants under 18 years of age:** School Grade: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Emergency phone number(s): \_\_\_\_\_

My Child:

May be picked up by \_\_\_\_\_

(Please provide names of authorized individuals)

May \_\_\_\_\_ May not \_\_\_\_\_ transport themselves to and from class.

(Please check one)

**Medical Consent and Release From Liability and Indemnifications:**

I, \_\_\_\_\_, for myself and/or as parent/guardian of the named registered child, do hereby authorize Theatre in the Grove to consent to emergency medical or dental examination, treatments, etc., to be administered to the same in the event of accident or sudden illness during Theatre in the Grove programs. I hereby release and discharge Theatre in the Grove, its volunteers, officers, and agents from any and all claims for personal injuries. I also agree that pictures taken during program hours may be used for future promotional purposes. Theatre in the Grove does not provide any medical insurance for any participant in any program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_

(For registrants under 18 years of age)

**Make checks payable to Theatre in the Grove, and send along with this form to:**

**Theatre in the Grove**  
**School of Theatre Arts**  
**PO Box 263**  
**Forest Grove, OR 97116**

\*No refunds after the first day of class