



Rocky Mountain Conservatory Theatre
 P.O. Box 17415
 Golden, CO 80402
 Phone: (303) 476-0222
 Fax: (720) 306-2445
 Email: Contact@RMCTonline.com
 Website: www.YouthActors.com

RMCT PROGRAMS: PARENTAL PERMISSION AND RELEASE FORM

I, _____, (parent's name) as parent/ legal guardian of _____, (child's name) hereby give my consent for participation in programs with Rocky Mountain Conservatory Theatre (RMCT). I assume all risks and hazards incidental to participating, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Rocky Mountain Conservatory Theatre (RMCT), their staff, volunteers, program venue location, and any sponsoring agency for any claim arising out of loss or injury that the participant might sustain while engaged in this program. I understand that insurance is not provided and that none of the sponsoring agencies / lessees / lessors are responsible for the medical condition of the participant listed in the space provided above.

In the event that I cannot be reached in an emergency, I give permission to the physician selected by RMCT to hospitalize and secure proper measures of treatment for the child named above. Medical bills will be the responsibility of the parent or guardian named above. If my child has an allergy or medical condition, I understand that I must provide any specific written details and/or medications to RMCT prior to their first day of participation, and if I fail to do so, my child will not have access to them.

I give Rocky Mountain Conservatory Theatre permission to use photographs or video footage taken of my child participating in class activities for any advertising, brochures, website, news releases, or any other media to promote or advertise future programs.

Rules for students are the same for everyone without regard to race, color, national origin, gender, or disability. I understand that all students will be treated as individuals and respect will be shown for a range of abilities and behaviors. The student agrees to abide by the rules and regulations set by the Directors for the health, safety, and welfare of everyone.

Signature of Parent/ Guardian: _____ Date: ____/____/____

SATURDAY ACTING CLASSES - REGISTRATION FORM

Date of Registration: ____/____/____ Total Student Tuition: \$ _____ Applicable Discounts: \$ _____

Child Name (first): _____ Child Name (last): _____

Male or Female: _____ Date of Birth: ____/____/____

Previous theatre experience, if any: _____

School Currently Attending: _____ Grade Enrolled In: _____

Which Classes Is Child Registering In:

FALL 2013 & WINTER/SPRING 2014 SESSIONS

2014	AGES 5-10	___ Acting 101, Fall Session 1 (9/20-10/18)	5 Weeks / \$225.00 / 9am – 10:50 am
2014	AGES 5-10	___ Acting 101, Fall Session 2 (10/25-11/22)	5 Weeks / \$225.00 / 9am – 10:50 am
2015	AGES 5-10	___ Acting 101, Winter Session (1/24-2/28)	5 Weeks / \$225.00 / 9am – 10:50 am
2015	AGES 5-10	___ Acting 101, Spring Session (3/7-4/18)	5 Weeks / \$225.00 / 9am – 10:50 am
2014	AGES 11-18	___ Actors Conservatory Fall (9/20-11/22)	10 Weeks / \$550.00 / 11am-1:50 pm
2015	AGES 11-18	___ Actors Conservatory Spring (1/24-4/18)	10 Weeks / \$550.00 / 11am-1:50 pm

Student's Residence, Street Address: _____

City: _____ Zip code: _____

Parent #1: Name: _____ Lives in household with child: Yes ___ No ___

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Parent #2: Name: _____ Lives in household with child: Yes ___ No ___

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

How did you hear about Rocky Mountain Conservatory Theatre? _____

School Faculty / Staff - Please list your School, Department & Title: _____

Emergency Contact Information: In the case of an emergency, we will first attempt to contact the parents/guardians. If they cannot be reached, RMCT will contact the below authorized emergency contacts. *If I select not to provide RMCT with an emergency contact person, I realize that if parents/guardians cannot be reached, RMCT will not have a person selected by myself to contact.*

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please list any adult (*other than the parent/s / guardian/s listed above - both automatically have pickup authorization*), who is allowed to pick-up the student from RMCT (*including the emergency contact*):

Many parents would like for their child/children to be allowed to walk or bike home, walk to the LightRail or bus stop, walk to the office of a parent, or leave campus alone. If you would like for your child to have permission to do so, please indicate here:

My Child/Children has/have Permission to Leave RMCT's Supervision Independently: YES

MEDICAL / HEALTH INFORMATION: If child has medical concerns or allergies (other than medication allergies), please make sure to complete and return the Medical Information Form to RMCT prior to the first day of their program attendance; Form is available on RMCT's Website

Allergies or Medical Concerns of Student: None Yes, as follows: _____

Activities Student Should Not Participate In: _____

Physician Name: _____ Phone Number: _____

Dentist Name: _____ Phone Number: _____

Health Insurance: _____ Preferred Denver Hospital: _____

The tuition for Saturday Classes is to be paid in full by the first day of programming, and class tuition is non-refundable (see website for tuition payment details). If sending a check, please make it payable to: Rocky Mountain Conservatory Theatre (RMCT). I have read, understand, and agree to all of the conditions of this enrollment.

Signature of Parent/ Guardian: _____ Date: ____/____/____