

Eastside Theater Company

Actor Production Registration

*Include payment with this form and return to the Production Manager at the parent meeting.
Actors will not receive scripts until payment arrangements are made.*

Name of Participant _____ Age/Grade _____ Male/Female _____

Address _____ City _____ Zip _____

Phone (____) _____ School _____

Student's Email _____

Parent/Guardian _____ Parent/Guardian _____

Phone (____) _____ Phone (____) _____

Email _____ Email _____

Participation fee: \$130.00

This price includes a t-shirt for the actor.

I am interested in financial aid,
scholarship or a payment plan _____

Financial Aid & Payment Plans are available. Financial Aid Applications & Payment Plans must be submitted to the Production Manager within 14 days of the release of the Cast List.

Circle Actor Shirt Size:

Child M • Child L • Adult S • Adult M • Adult L • Adult XL • Adult XXL

In addition to first name, my child's last name may appear on ETC's public web site or in local publicity.

I DESIRE that my child participate in the full theater program and all activities unless I advise the director/teacher otherwise in writing.

I AGREE that, having taken such precautions as in your discretion are deemed advisable, Eastside Theater Company, its members and Board will not be held responsible for any sickness or accident involving my child. If for any reason my child requires medical attention, I agree to be responsible for any expense incurred.

I HAVE completed a "Medical Release Form." I understand the release will be active for all ETC events until the end of the calendar year.

I AGREE to indemnify Eastside Theater Company, its Board and members and hold them harmless from, and with respect to all suits, actions and prosecutions by reason of any activity carried out by my child, whether on or off the theater's property.

I AGREE to pay the above-listed fee or speak to the director or a Board member to make other arrangements.

I have read and fully support the above statements.

Parent/Guardian Signature

Date

For Office Use Only	
Date Paid _____	
Check # _____	Debit/Credit _____
Amount _____	

Please make checks payable to Eastside Theater Company or ETC.

Financial Aid & Payment Plans are available. Financial Aid Applications & Payment Plans must be submitted to the Production Manager within 14 days of the release of the Cast List.

Order Extra Shirts (Do not include student's shirt in quantity)

Shirt Size	Quantity	Unit Price	Total Price
Child Medium		X \$13	
Child Large		X \$13	
Adult Small		X \$13	
Adult Medium		X \$13	
Adult Large		X \$13	
Adult XL		X \$13	
Adult XXL		X \$13	
Extra Shirts Total:			\$
Date Pd _____			+ \$ 130.00
Check # _____ Cash _____ Credit/Debit _____			-----
Total :			

Eastside Theater Company Medical Information & Release

I hereby give permission for _____ (participant) to be provided emergency treatment as needed by staff members at Eastside Theater Company (ETC). I give permission for the participant to be transported by ambulance or aid car to an emergency center for treatment. In the event that I, or my preferred physician, cannot be contacted, I consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health. I agree that I will not hold ETC or any member of its staff liable for damages, injuries or losses for the duration of my child's participation with ETC.

Signature of Parent/Guardian: _____ Date: _____
This release is active until December 31, _____.

Medical/Contact Information:

Primary emergency contact: _____

Day Phone: _____ Evening Phone: _____ Cell: _____

Place of Employment: _____

Doctor's name: _____ Doctor's phone: _____

Please list any special medical concerns, allergies or conditions we need to be aware of: