

# Hamilton High School Drama Society Musical Theater Workshop Registration Form

Youth Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

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

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Limited to 50 participants

All participants should wear clothes they can move in and shoes safe for dancing.

## **Payment/Registration:**

Tuition: \$30. Please mail check (payable to HHS Drama Club) and complete registration form by April 1 to:

Hamilton High School  
Attn: Drama Club  
W220N6151 Townline Rd  
Sussex, WI 53089

## **Parent/Guardian Consent & Waiver**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ hereby give HHS Drama permission to use any still and/or moving image, being video footage, photographs, and/or frames, and/or audio footage depicting my child, taken by HHS Drama staff during Mary Poppins Musical Theatre Workshop for any of the following uses: advertisements, marketing, leaflets, or any other such use for training, educational, or publicity purposes.

I understand that with my child's participation in this workshop there is some inherent risk, and i assume full responsibilities for any injuries incurred while participating in this program. I hereby release HHS and HHS Drama Club and its officers, directors, volunteers, agents, licenses, and affiliates from any and all liability from personal injuries, property damage, or other claims arising from, or in connection with, my child's participation in the workshop.

Parent/Guardian Print: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_