



Lafayette Theatre Academy Registration Form

Date: _____

Student's Name _____ DOB ____/____/____ Age ____
(First) (Middle) (Last)

Preferred name _____

Student's School _____ Grade Level ____ Dismissal Time _____

Parent/Guardian/Account Holder's Information

Parent's Name(s) (Mother) _____ (Father) _____

Home Address _____
(Street) (City) (State) (Zip)

Account Holder's Name (if different from above) _____

Account Holders Address _____
(Street) (City) (State) (Zip)

Phone Numbers _____
Home (Landline) Cell(s) Student

Parent's/Acct. Holders Email _____

Student Email _____

Emergency/Medical Information

List any known allergies, chronic injuries, medical conditions, etc. that may impact the student.

Student's Physician _____ Physician's Phone # _____

Identify two emergency contacts in the event that parents cannot be reached.

Contact #1 _____ Relationship to student _____
Name and Phone #

Contact #2 _____ Relationship to student _____
Name and Phone #

Please list areas/classes of interest: _____

For Office Use Only

Class Assignments

Class	Day	Teacher	Time	Hours	Monthly Tuition
Totals					

Registration Fee due Today: _____

Monthly Tuition: _____

Auto-Credit Payment Credit card type: VISA MASTERCARD AMX DISCOVER Other: _____

Credit Card Number: _____

Expiration Date: _____

CVV 3-Digit Security Code _____



Signature: _____

Lafayette Society for Performing Arts

Liability/Medical Release

Student's Name: _____ DOB: _____

Address: _____ City: _____ ST: _____ Zip: _____

Emergency Information

Parent/Guardian Name: _____ Home Ph: _____ Work Ph: _____

Parent/Guardian Name: _____ Home Ph: _____ Work Ph: _____

Allergies: _____

Other Medical Conditions: _____

Medical Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy Number: _____

Student's Physician: _____ Phone: _____

In an emergency, when parent/guardian cannot be reached, please contact:

Name: _____ Home Ph: _____ Work Ph: _____

Name: _____ Home Ph: _____ Work Ph: _____

STUDENT OR PARENT/GUARDIAN AGREEMENT

I, as the adult-age student or the parent/guardian of the registered, minor student, agree to abide by the rules of the Lafayette Society for Performing Arts and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with the theater arts and in consideration for LSPA accepting the student for its programs and activities, I hereby release, discharge and/or otherwise indemnify LSPA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of LSPA and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Adult Student or Parent/Legal Guardian of Minor Student (Print): _____

Date: _____ Signature: _____

CONSENT FOR MEDICAL TREATMENT

As the adult student or parent/legal guardian of a minor participant in LSPA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve this live, limb or well-being of the student.

Date: _____ Signature: _____

Lafayette Society for Performing Arts
Lafayette Theatre Academy

Photo Release Form

I hereby grant to the Lafayette Society for Performing Arts (LSPA) and the Lafayette Theatre Academy permission to use my likeness in a photograph, digital reproduction or video in any and all of its official publications and publicity material, including official website entries and official Facebook pages without payment or any other consideration.

I understand that any and all photographs, digital images or video taken by an individual in the employ of the Lafayette Society for Performing Arts are the sole and exclusive property of LSPA, which retains all rights, title and interest in such images or photographs.

I hereby irrevocably authorize LSPA and the Lafayette Theatre Academy to edit, alter, copy, exhibit, publish, or distribute these photos or images for the purpose of publicizing LSPA or the Lafayette Theatre Academy or for any other lawful purpose. Additionally, I waive any right to inspect or approve the finished product wherein my likeness appears. Furthermore, I waive any right to royalties or other compensation for the use of my likeness.

I hereby hold harmless and release and forever discharge LSPA and the Lafayette Theatre Academy from all claims, demands, and causes of action which I, me heirs, representatives, executors, administrators, or any other persons acting on my behalf or the behalf of my estate may have are may have by reason of this authorization.

Student Signature

Date

Printed Name

Date

"I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the forgoing on behalf of this person."

Parent or Guardian

Date

Parent of Guardian Printed Name

Date

Student/Parent Expectations

(Parent)

What are some of the things you hope your child learns at the Lafayette Theatre Academy?

(Student)

What do you want to experience in this class? What would you like to learn?

Additional Comments:

Lafayette Theatre Academy 2015-2016 Calendar

July 10	Annie Performance
July 10-Aug 13	Open enrollment for Lafayette Theatre Academy
July 23-26 & July 30-Aug 2	**Hands on a Hardbody**
Aug 13	Lafayette Theatre Academy Orientation
Aug 16 & 17	Auditions for Attack of the Zombies
Aug 18	Call backs for Attack of the Zombies
Aug 18	LTA Classes begin
Sept	Rehearsals for Attack of the Zombies
Oct 12	Fall Break
Oct 22-25 & Oct 30-Nov 1	**Attack of the Zombies**
Nov 2 & 3	Auditions for I Never Saw Another Butterfly
Nov/Dec	Rehearsals for I Never Saw Another Butterfly
Dec 13	Auditions for Sylvia
Jan 7-9	I Never Saw Another Butterfly Production
Feb 18-21 & Feb 26-28	**Sylvia**
Mar 28- Apr 1	Spring Break
May 5-8 & May 13-15	**Leading Ladies** (Audition dates TBA)
May 20	LTA Showcase

** Designates a Mainstage performance

Note: We will follow the Troup County Schools for inclement weather closings