



## 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
<b>Totals</b>					

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.

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Student Signature

Date

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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."

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Parent or Guardian

Date

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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