

Butterfield Stage Youth Theatre Class Registration Form

Child's Name _____

Age _____ Date of Birth _____

Mother _____

Father _____

Custodial Parent Address _____

Email _____

Cell Phone _____ Home Phone _____

Emergency Contact Name and Phone Number:

Please check the session you will attend: There are no classes on GISD holidays

_____ **5-9 years Monday's** 4:15 PM – 5:45PM **January 17th** for 10 weeks.

_____ **10-17 years Tuesday's** 4:15 PM – 5:45PM starting **January 18th** for 10 weeks.

_____ *Advanced Class 10-17 **Thursday's** 4:15 PM – 5:45PM starting **January 20th** for 10 weeks. **You must email Shannon at butterfieldyouth@gmail.com before Advanced Class registration.**

*Must be 10 yrs old and have earned 4 or more credits for advanced class

*1 credit per Semester for BSP youth classes, 1 credit per week of BSP Summer Camps, 1 credit for each BSP Youth Theater Production

Fee is \$100 (\$75 for each additional sibling)

•**All fees are due upon registration.**

_____ I hereby consent to and authorize the use by Butterfield Stage of any and all photographs and or video.

_____ I do not agree or authorize the use of any pictures of my child (children) for any purpose.

Parent/Guardian

Date: _____

Signature: _____

Print Name: _____

**•MINOR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT
YOUTH THEATRE CLASS**

IN CONSIDERATION of being allowed to participate in any way in the Butterfield Stage Youth Theater event or activity indicated above and/or being permitted to enter for any purpose any restricted area (herein defined as any area wherein admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1.The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the above event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate.

2. I/we fully understand and acknowledge that:

(a)There are risks and dangers associated with participation in events and activities which could result in bodily injury.

(b)These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the "Releasees" named below.

(c) There may be other risks not known to us or are not reasonably foreseeable at this time.

1.I/we accept and assume such risks and responsibility for the losses and/or damages following any such injury, however caused and whether caused in whole or in part by the negligence of the "Releasees" named below.

2.I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Butterfield Stage Players, Butterfield Stage Youth Theater, the Board of Directors, sponsors, advertisers, officers, agents and employees, all for the purposes herein referred to as "Releasees," from all liability to the undersigned, my/our personal representatives, assigns, executors, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, including but not limited to the death of the participant or damage to property, caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise.

3.On behalf of the participant and individually, the undersigned parent(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the "Releasees," the parent(s) and/or legal guardian(s)will reimburse the "Releasees" and their insuring company for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS

BY SIGNING IT AND SIGN IT VOLUNTARILY WITHOUT INDUCEMENT.

1. _____

Parent or Guardian (Signature/Relationship) Date

2. _____

Parent or Guardian (Signature/Relationship) Date

Printed Name of Participant: _____

Address of Participant: _____

Printed Name of Parent or Guardian: 1. _____

Printed Name of Parent or Guardian: 2. _____