



# MUSICAL THEATRE REGISTRATION FORM



Students cannot participate without:

- 1) Fully completed form signed by each parent/guardian
- 2) Full payment
- 3) 8 hours minimum volunteer sign up (or \$200 additional per family++)

**FAMILY LAST NAME:** \_\_\_\_\_

## PARTICIPATING STUDENTS

*I AM ESPECIALLY INTERESTED IN...* Please list area of special interest, if you have a preference. For example, tech crew only, background choir, only, assisting younger students, etc. No promises are made as to parts, but special consideration will be given to your preferences when casting.

First Student - Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Grade: \_\_\_\_\_ I am especially interested in: \_\_\_\_\_

Second Student - Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Grade: \_\_\_\_\_ I am especially interested in: \_\_\_\_\_

Third Student - Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Grade: \_\_\_\_\_ I am especially interested in: \_\_\_\_\_

Fourth Student - Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Grade: \_\_\_\_\_ I am especially interested in: \_\_\_\_\_

**BRING TO AUDITIONS CHECKLIST:**

- **THIS REGISTRATION FORM**
- **CHECK for FULL PAYMENT**  
**Payable to BroadwayAfterSchool**
- **ONLINE VOLUNTEER SIGNUP**  
**(or \$200 Buyout)++**

## CONTACT INFORMATION

Parent Name(s) \_\_\_\_\_

Parent E-mail (**will be used frequently for relaying show information**) \_\_\_\_\_

If you would like your student to receive a copy of the parent informational and reminder emails, please list student email address: \_\_\_\_\_

Parent Cell Phone(s) \_\_\_\_\_ Other parent contact phone numbers (work, home, etc) \_\_\_\_\_

## EMERGENCY CARE

Please list 2 people, other than parents, to contact if parents cannot be reached.

Name 1 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name 1 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Please list any special health concerns, medications, allergies, etc. \_\_\_\_\_

## ++ VOLUNTEER INFORMATION See website for details and sign-up.

Every family is required to have an adult fulfill a minimum of 8 hours of volunteer time per musical.

My family has signed up online. We volunteered for: \_\_\_\_\_

on the following date(s): \_\_\_\_\_ at the following time(s): \_\_\_\_\_ (not less than 8 hours)

OR

\_\_\_\_\_ In lieu of volunteer hours, my family has chosen the Volunteer Buyout option & enclosed an additional \$200

**Both Parents and/or Guardians:** After reading, please initial and sign where indicated, showing your agreement and understanding. Every point must be signed/initialed in order for your child to participate in the program.

### Liability Release

\*I grant permission for my child or children named in this registration to participate in Theater-on-the-Hill's Musical Theater Program. I grant permission for my child or children to be photographed in connection with the Broadway in Bolingbrook Program, and authorize the use of any of these photographs by Broadway in Bolingbrook or Mere Image for promotional purposes and otherwise. Parent 1 initials: \_\_\_\_\_ Parent 2 initials: \_\_\_\_\_

\*I authorize any qualified and licensed medical professional to administer medical treatment to my child or children in cases where immediate treatment reasonably appears to be necessary and reasonable efforts to contact me at the emergency telephone number provided in this authorization have been unsuccessful. Parent 1 initials: \_\_\_\_\_ Parent 2 initials: \_\_\_\_\_

\*I waive any existing or future claim I may have against Michael Fudala, Sharon Hand, Becky McNulty, Theater-on-the-Hill, its employees, agents, or volunteers, related to any type of injury to my child or children at Theater-on-the-Hill or otherwise arising out of participation by my child or children in the activities of the Broadway in Bolingbrook Theater Program. Parent 1 initials: \_\_\_\_\_ Parent 2 initials: \_\_\_\_\_

\*I agree to indemnify Michael Fudala, Sharon Hand, Becky McNulty, Theater-on-the-Hill, its employees, agents, and volunteers, from liabilities and expenses, including reasonable attorney fees, arising out of injury to persons and damage to property caused by my child or children at Theater-on-the-Hill or otherwise caused by my child or children in connection with participation by my child or children in the activities of the Broadway in Bolingbrook Theater Program. Parent 1 initials: \_\_\_\_\_ Parent 2 initials: \_\_\_\_\_

### Participation Guidelines

\*I agree that my child(ren) will be at all practices, rehearsals, calls, tear-down events, and performances with the exception of the following date(s) \_\_\_\_\_, Parent 1 initials: \_\_\_\_\_ Parent 2 initials: \_\_\_\_\_

\*I agree that if my child misses, leaves early, arrives late, or is picked up late to/from any practices, rehearsals, calls, tear-down events, or performances not listed above, this is grounds for a change in, or elimination of, their role in the Broadway in Bolingbrook Musical Theater Program without refund. Parent 1 initials: \_\_\_\_\_ Parent 2 initials: \_\_\_\_\_

\*In the case of illness that causes my student to miss school on a rehearsal day, I agree to notify staff as early as possible via email. If I fail to do so, this is grounds for a change in, or elimination of, their role in the Broadway in Bolingbrook Musical Theater Program without refund. Parent 1 initials: \_\_\_\_\_ Parent 2 initials: \_\_\_\_\_

\*I agree that if my child does not follow the rules of proper behavior or proper care for their costume pieces and props (placing where they belong, hanging neatly, taking proper care, etc.), this is grounds for a change in, or elimination of, their role in the Broadway in Bolingbrook Musical Theater Program without refund. I agree to pay for or replace damaged or lost items. Parent 1 initials: \_\_\_\_\_ Parent 2 initials: \_\_\_\_\_

\*I agree to abide by the rules laid out above and all future rules given in written, spoken, or electronic form, and to support my child in doing the same. Changes in, or elimination of, roles without refund is at the discretion of the Director. If these changes require my student to give additional time working with the Musical Theater Program, I agree to work with the Director to find a time agreeable for this to take place. Parent 1 initials: \_\_\_\_\_ Parent 2 initials: \_\_\_\_\_

**I have read and agree to all of the above statements.**

First Parent Signature: \_\_\_\_\_ Second Parent Signature: \_\_\_\_\_

### MUSICAL PAYMENT CHECKLIST

\$250 for FIRST participating student

\$250 for SECOND participating student

\_\_\_\_\_ (\$60 X \_\_\_\_\_ additional children in the same family)

\_\_\_\_\_ \$200 Musical *Optional* Volunteer Buyout++

\$\_\_\_\_\_ **TOTAL non-refundable TUITION ENCLOSED**

Enclose your **non-refundable** check made out to: **BROADWAYAFTERSCHOOL**

Bring this registration and payment to audition