



young players
theater

1012 8th Avenue
Brooklyn, NY 11215
718-238-8383
info@yptheater.org

WINTER 2011 REGISTRATION FORM

Student's Name _____

Date of Birth _____ Grade _____

Parent Name _____

Relation to Student _____

Address _____

City _____ State _____ Zip _____

E-mail: _____

Phone
(H) _____ Work _____

Cell _____

Parent #2 Name _____

Relation to Student _____

Address _____

City _____ State _____ Zip _____

Phone)H) _____ Work _____

Cell _____

Name of class(es) you would like to register your child for:

- ___ Storybook Theater
- ___ Act French/French Theater
- ___ Hip Hop Theater Project
- ___ Young Players Theater Junior Ensemble I
- ___ Young Players Theater Senior Ensemble
- ___ Lights, Camera, Act! (K/1)
- ___ Lights, Camera, Act! (2nd through 5th Grade)

Total Payment:

Please make all checks payable to URBAN GYPSY PRODUCTIONS.

EMERGENCY CONTACT

Name _____

Relation to Student _____

Phone _____

Does your child have any allergies? If so, please list.

Does your child have any medical conditions that we should know about?

Please write any other information you would like us to know about your child.

I have enrolled my child in a program of physical activity including dance. I understand the inherent risks including personal injury that may result in my child's participation in this activity. I assume the risk and hereby affirm that my child is in good physical condition and does not suffer from any physical disability that would prevent him/her from participation in this program. I hereby agree, that I, for myself, my children adopted or otherwise, my heirs or executors, waive and release

any and all rights and claims for damage that I may have at any times against Kristen Lynch, Urban Gypsy Productions, or the agents or representatives for injury or damage in connection with my child's entry in activities sponsored by Kristen Lynch. I have read and fully understood the above.

Signature of Parent/Guardian

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Young Players Theater staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship_____ Signature_____

Date_____ Telephone Number_____