

Much Ado About Shakespeare, LLC

Trial Class Registration Form

_____	_____	_____	_____
Student(s) Name(s) and Birthdate(s)	Site	Program	Season
_____	_____		
Address	Telephone (home, cell, work)		
_____	_____		
_____	Email: Parent, Student (optional)		
<u>EMERGENCY CONTACT</u>	<u>EMERGENCY CONTACT</u>		
_____	_____		
Name of Parent/Guardian	Phone Number(s)		

Medical Treatment Authorization

I do hereby authorize in the event of an accident, injury, or illness of the said above named child(ren) that if I (we) the parent(s)/guardian(s) cannot be contacted, Much Ado About Shakespeare, LLC and its Staff may act as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable, as is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act of California.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to give consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to provisions of Section 25 of the California Civil Code of California.

Signature of Parent

Date

Waiver and Release

I hereby give my consent for my child(ren) _____ to participate in the classes and activities offered by Much Ado About Shakespeare, LLC and hereby absolve and release Much Ado About Shakespeare, LLC and its Staff from any and all liability for any injury or damages that may be incurred by my child(ren) in the Much Ado About Shakespeare, LLC classes and activities.

I have read and fully understand this waiver and release.

Signature of Parent

Date

Name(s) of Participant(s)

Parent Comments

(on back)

In providing the best educational experience for each student, we depend upon your assistance and support. Please use the back of this form to describe any physical, emotional, behavioral or learning conditions concerning your child(ren) which might affect your child(ren)'s ability to participate fully, respectfully, safely and cooperatively within the program. We appreciate your sharing this information with us. Please do not leave the comment section blank. Parents who have no comments to write should write "no such conditions", instead of just leaving that section blank and then sign and date the bottom. Thank you.

Your registration and enrollment are not complete until all steps of the registration process have been completed, all of your application and registration forms have been reviewed and accepted by Much Ado and until you have received written confirmation of registration and enrollment from Much Ado. All applications, deposits, reservations, payments, registrations, enrollments and/or renewals are subject to Much Ado's Rules and Policies. Please see our Rules and Policies on our website at muchadoaboutshakespeare.com. Much Ado About Shakespeare, LLC reserves all rights.