

Teens and Theatre Company



Registration Form

Name: _____ Age: _____ Date of Birth: _____ Grade: _____

Address: _____

	Father:	Mother:	Student:
Name			Same as Above
Email Address			
Home Numbers			
Work Numbers			
Cell Numbers			

Previous experience in Theatre, Stage crew, Dance or Music:

Family members have experience with

carpentry
catering
concessions
electronics

event planning
fundraising
program creation
thrift shopping

crafts
grants
music
sewing

sets
theatre
painting
publicity

I, the Parent/Guardian of _____, give permission for my student to participate in a Teens and Theatre Program. I also hereby consent that the photographs and/or motion picture or videotape for which s/he posed, and/or audio recordings made of her/his voice may be used by Teens and Theatre and its assignees or successors in whatever way they desire, including television and electronic media. Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of Teens and Theatre, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF

I have hereunto set my hand, in the State of _____ this _____ day of _____, 20____.

Parent/Guardian Signature: _____

Please mail form to: Teens and Theatre Company
c/o The Comedy Spot
4238 Wilson Blvd
Arlington, VA 22203

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