

How did you hear about us?  Returning Student  Newspaper  School Flyer  Website/Internet  Attending shows  From a friend  Other \_\_\_\_\_

1st CHILD: First & Last Name \_\_\_\_\_ M  F

Age today: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Grad Yr: \_\_\_\_\_ School: \_\_\_\_\_

2nd CHILD: First & Last Name \_\_\_\_\_ M  F

Age today: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Grad Yr: \_\_\_\_\_ School: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN: First & Last Name: \_\_\_\_\_

Address same as above? Yes  No  Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT First & Last Name: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Parents, are you a JT Alum? Yes  No  If so, what year did you graduate? \_\_\_\_\_

REGISTRATION INFORMATION:

| Student First Name | Class or Camp Name | Day of Class | Cost of Class |
|--------------------|--------------------|--------------|---------------|
|                    |                    |              |               |
|                    |                    |              |               |
|                    |                    |              |               |

**METHOD OF PAYMENT:**  Check enclosed  Cash  
 Charge to my Credit Card : (Circle one) VISA AMEX MC DSC  
Card account number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_  
Is the credit card billing address the same as above?  Yes  No  
If no: Billing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Sub-total: \_\_\_\_\_  
Donation to scholarship fund (tax deductible): \_\_\_\_\_  
Grand Total: \_\_\_\_\_

**Parent or Guardian: Please Read and Sign This Release!**

I agree on behalf of my child/children's participation in SDJT programs, the activities while on the premises is voluntary and at the sole risk of the undersigned. I assign to release and discharge SDJT from any claim, demand, injury, cost, or liability arising out of or resulting from my child's participation in the activities or the use of the premises in connection with the activities. I agree to indemnify, hold harmless, assume liability for and defend SDJT, its trustees, officers, employees, volunteers, members and agents from all costs and expenses, including, but not limited to: attorney's fees, reasonable investigative and discovery costs, court costs, and any other sums which San Diego Junior Theatre, its trustees, officers, members, employees, volunteers, members and agents may pay or become obligated to pay for injury, including death, to persons or damage to property, from our actions or omissions and arising from any cause, except for matters caused by the negligence or willful misconduct of SDJT while acting within the scope of duties of such relationship to SDJT.

As the parent or court-appointed legal guardian for the above named children, I hereby give my consent to SD Junior Theatre to obtain all emergency dental or medical care prescribed from a duly licensed physician (M.D.) or dentist (D.D.S.). This care may be given under whatever conditions are necessary to preserve life, limb, or the well-being of my dependent.

SIGNATURE (in ink) \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

Medical Concerns?  Please check here if your child needs special accommodations due to a medical condition or disability. If there is anything the JT staff should know regarding your child's condition, please call the JT office at 239-1311 or include a written explanation with your registration form. We want to be aware of any special needs so that you and your child will have a positive experience at Junior Theatre.

San Diego Junior Theatre is committed to providing engaging, innovative, high-quality theatre education and productions for children of all cultural heritages, ages, abilities and levels of interest. As such, we are interested in learning more about your family. Please provide your ethnicity origin/race (optional).  
 White  Hispanic or Latino  Black or African American  Native American or American Indian  Asian or Pacific Islander  Other

MAIL: 1650 El Prado, Suite 208 San Diego, CA 92101 // FAX: 619-239-5048

EMAIL: registration@juniortheatre.com

For Office Use Only

please do not write below this line

E D C

