

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: \_\_\_\_\_ Birthdate (m/d/yr): \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

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

Age: \_\_\_\_\_ Birthdate (m/d/yr): \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

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

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

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

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

Occupation: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

**2nd PARENT or 2nd ADULT for EMERGENCY CONTACT** First & Last Name: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_  
 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! Please note that all students must be toilet trained.

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** \_\_\_\_\_

**Concerns?**  SDJT strives to meet the diverse needs of all children. If your child would benefit from accommodations due to a medical condition, disability or other special circumstance, please check this box. Our Education staff will follow-up with you.

