

**YORKTOWN STAGE ACTING CLASS REGISTRATION FORM**

**Scan this registration and return by email to [barrysproducer@gmail.com](mailto:barrysproducer@gmail.com)**

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Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age Today: \_\_\_\_\_ Next Fall Grade: \_\_\_\_\_ Boy / Girl (Circle)

Name of Primary Parent/Guardian: \_\_\_\_\_

Primary Parent Email Address \_\_\_\_\_

*REQUIRED: Confirmation of Registration will be sent by EMAIL ONLY*

Address of Primary Parent/Guardian: \_\_\_\_\_

Cell Phone of Primary Parent/Guardian: \_\_\_\_\_

Name of Other Parent/Guardian: \_\_\_\_\_

Other Parent Email Address \_\_\_\_\_

*REQUIRED: Confirmation of Registration will be sent by EMAIL ONLY*

Cell Phone of Other Parent/Guardian: \_\_\_\_\_

Email Address Phone Nos. Other Parent/Guardian: Home Business

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**CONFIRMATION:** I have read and understand the details, requirements and operation of the program on the website or through a Yorktown Stage email campaign. I understand that I will receive a confirmation after submitting this registration, which will repeat the details, requirements and restrictions of the program.

**RELEASE STATEMENT:** I hereby release the Executive Director and all employees of YORKTOWN STAGE from all claims of liability for any damages or injuries which may be sustained while my child is in class, including illnesses sustained due to the Covid-19 virus. I hereby authorize YORKTOWN STAGE to charge my credit card below referenced for all monthly charges and any and all charges incurred by me. Expired or invalid credit card information will be supplied immediately.

**REFUND POLICY:** There will be no refunds and no credits for any person for any reason after October 1. The Camp Director and/or the Executive Director have the right to dismiss any child for behavioral problems. Money will not be refunded for days missed due to dismissal or illness.

**Signature of Parent / Guardian** \_\_\_\_\_

**Date:** \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_ Sec Code \_\_\_\_\_