

**YORKTOWN STAGE KIDS  
REGISTRATION FORM**  
*Use separate form for each child*

**SUBMIT REGISTRATION FORM:**

*Show Name:* \_\_\_\_\_

**BY EMAIL: *barryysproducer@gmail.com***

**BY MAIL: *Yorktown Stage, PO BOX 877, Yorktown Heights, NY 10598***

**BY DELIVERY: *Room 10, 1974 Commerce Street, Yorktown Heights, NY***

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

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

**Name of Primary Parent:** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Address of Primary Parent:** \_\_\_\_\_  
Number & Street, City, State & Zip

**Phone Nos. Primary Parent:** Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

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**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 Yorktown Stage.. I hereby give permission for my child's photograph to be used in Yorktown Stage publications, and for advertising and promotions. An inherent risk of exposure to COVID-19 exists in any public place where people are present. By visiting Yorktown Stage, you voluntarily assume all risks related to exposure of COVID-19. We ask and expect that you will observe the Yorktown Stage Covid policies on the website.

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

**REFUND POLICY:** *There will be no refunds for any reason following registration. The 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.*

<b><u>FULL PAYMENT IS REQUIRED AT THE TIME OF REGISTRATION</u></b>	
<b><u>IF PAYING BY CHECK (PREFERRED METHOD):</u></b>	<b><u>IF PAYING BY CREDIT CARD</u></b> _____ :
<b>AMOUNT ENCLOSED</b> \$ <u>375.00</u>	<b>AMOUNT TO BE CHARGED</b> \$ <u>375.00</u>
Check # _____	Credit Card # _____
Bank Name _____	Expiration Date _____
Bank City _____	Security Code _____