



**Pretend and Play Classes Fall 2019**  
**Registration Form**  
*Complete this form and bring to the first day of classes.*

**Pretend and Play 1**

Instructor: Courtney Cash  
Ages 3-5  
Tuesdays 4:00-5:00 PM  
\$120/8 weeks, 9/10-10/29

**Pretend and Play 2**

Instructor: Courtney Cash  
Ages 3-5  
Thursdays 4:00-5:00 PM  
\$120/8 weeks, 9/12-10/31

Option to perform at any or all of the following Performance Dates:

Saturday November 16<sup>th</sup> at 11:00 AM (10:00 AM Call Time)

Thursday November 21<sup>st</sup> at 7:00 PM (6:00 PM Call Time)

Saturday November 23<sup>rd</sup> at 11:00 AM (10:00 AM Call Time)

*Introduce your child to the magical world of theatre! This class creates a strong foundation for the blossoming young actor, and even offers an opportunity to participate in the Haven's Petite Players Production of Seussical KIDS! Young actors and actresses will learn the basics of theatre through play, music, and movement.*

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

Parent(s) Name: \_\_\_\_\_

Age: \_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

Please list any performing experience:

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**Medical Release**  
*Pretend and Play Classes Fall 2019*

Child's Full Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Parents' Names \_\_\_\_\_

Phone \_\_\_\_\_

Cell Number \_\_\_\_\_

Name & phone number of person to contact in the event that the parent/guardian cannot be reached in an emergency

\_\_\_\_\_

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the representative of Haven Academy of the Arts to secure proper treatment and/or hospitalization, an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian below is intended to serve as a medical release. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required and to provide authority and power on the part of an Haven agent to give consent to any and all such treatment and hospitalization deemed advisable. This authorization is to be effective from September 10<sup>th</sup>, 2019 through November 23<sup>rd</sup>, 2019.

**LIABILITY CLAUSE**

I understand that Haven Academy of the Arts carries only liability coinsurance (secondary insurance). Should my child become injured at a Haven Academy sponsored event, I understand that my own family medical insurance will be billed first. Should my insurance not cover all necessary medical costs, I understand that Haven Academy's insurance policy dictates that I am solely responsible for the difference.

Parent or Guardian's Signature and date

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



## Photo, Video, and Website Release Form (New Students Only)

Dear Parent or Guardian:

On occasion, representatives from the Haven Academy wish to photograph, videotape or interview students in connection with Haven Academy programs or events. Educating the public about Haven Academy is one of our objectives. The entire community benefits from knowing about the abilities of our students and about the programs Haven Academy offers to the children in our community.

In order to release student photos, video footage, comments or to post items on the Haven Academy website, we need your written permission.

To give your consent, please complete the form below.

I, \_\_\_\_\_, parent/

guardian of \_\_\_\_\_, give permission for my child to be photographed, videotaped and interviewed by representatives from Haven Academy for the purpose of publicizing the educational programs at Haven Academy. I authorize the use and reproduction, by Haven Academy and anyone authorized by Haven Academy, of any and all photographs, videotapes and interviews taken of my child, without compensation to me or my child. All of these photographs, videos and interviews shall be the property, solely and completely, of Haven Academy. I waive any right to inspect or to approve the finished photographs, videotapes, sound tracks, scripts and printed matter that may be used by Haven Academy.

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

Parent or Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

**OR** \_\_\_\_\_ I am 18 years of age or older and I give my consent without reservations to the foregoing on my own behalf.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_