



Pretend and Play Classes Spring 2020
Registration Form
Complete this form and bring to the first day of classes.

Pretend and Play Session 1

Ages 3-5
Tuesdays 4:00-5:00 PM
\$120/8 weeks, 1/21-3/10

Pretend and Play Session 2

Ages 3-5
Thursdays 4:00-5:00 PM
\$120/8 weeks, 1/23-3/12

Option to perform at any or all of the following Performance Dates:
Saturday April 4th at 11:00 AM (10:00 AM Call Time) Blizzard Cast
Saturday April 4th at 3:00 PM (1:00 PM Call Time) Icicle Cast

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 Production of Frozen Jr.! 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:



Medical Release
Pretend and Play Classes Spring 2020

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 January 21st, 2020 through April 4th, 2020.

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

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: _____