



Young Star:

First _____ Last _____ Age _____
Birth date ____/____/____
School _____ Grade _____
Address _____
City _____ State _____ Zip Code _____
Phone _____

Parent/Guardian - Contact Information:

Parent/Guardian #1
First _____ Last _____
Phone _____
Email _____
Parent/Guardian #2
First _____ Last _____
Phone _____
Email _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1
First _____ Last _____
Phone _____
Relation to child _____

Please list anyone other than those listed who are permitted to pick up your child:

1: _____ 2: _____

Does your child have any food allergies?

Yes__ No__ If yes, explain: _____

How did you hear about YSMT?

The Warehouse Flyer Social Media Friend Other _____

PLEASE SEE THE REHEARSAL SCHEDULE AND LIST ALL CONFLICTS ON BACK

BEHAVIOR POLICY

The child and parent/guardian should review and the parent/guardian should sign.
My child will follow the daily rules during instruction, activity time, performance, and special activities. I understand my child is expected to:

- 1. Be polite.
- 2. Participate in all activities.
- 3. Follow the instructions of all program staff
- 4. Not fight or verbally abuse another person.
- 5. Use appropriate language
- 6. Pay attention and stay with the group.
- 7. Dress appropriately.

Parent's/Guardian's Initials _____

MEDICAL RELEASE

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

I understand that Young Star Musical Theatre and their affiliates will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

PHOTO/VIDEO RELEASE

I hereby give permission for my child to be photographed/filmed during the Young Star Musical Theatre Program. I understand the photos and/or videos will be used for promotional purposes.

I understand that although my child's photograph/video may be used for advertising, his or her identity will not be disclosed, and I do not expect compensation and that all photos are the property of Young Star Musical Theatre and its affiliates.

Parent's/Guardian's Initials _____

REFUND POLICY

No fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders.

Guardian Signature: _____ **Date:** _____

Printed Name of Parent/Guardian: _____