

Debut Registration Form – Summer 2019

(Form must be filled out completely and returned with medical waiver form and payment in order for student to be considered enrolled.)

Student Name: _____

Preferred Name: _____ Male/Female _____

Grade (Fall 18) : _____ School: _____

Age: _____ DOB: (m/d/y) _____ Phone Number: _____

Address: _____

City, State, Zip _____ Cell Phone: _____

Student e-mail: _____ Parent e-mail: _____

Mother's Name _____

Occupation: _____ Work Phone: _____

Father's Name _____

Occupation: _____ Work Phone: _____

Emergency Contact (REQUIRED. Other than parents. That can be reached during class time.)

Name: _____ Phone: _____

Physical or Mental Conditions (including medications) we should be aware of:

Previous experience: _____

How did you hear about Debut? _____

I am interested in the following class(es):

- | | |
|--|--|
| _____ Acting Up 1 (Grades 1-3 - \$175) | _____ Acting Up 2 (Grades 1-3 - \$175) |
| _____ The Plays the Thing 1 (Grades 3-5 - \$175) | _____ The Plays the Thing 2 (Grades 3-5 - \$175) |
| _____ Mid Stage (11-14 yrs - \$175) | _____ Actors Play-Pen (Grades 6-8 - \$200) |
| _____ Improv 1 (11-14 yrs - \$95) | _____ Improv 2 (14-17 yrs - \$95) |
| _____ Monologue Workshop (10-17yrs - \$60) | _____ Stage Combat 1 (10-17 yrs - \$90) |
| _____ Stage Combat 2 (10-17 yrs - \$90) | _____ Makeup Mania (11-15 yrs- \$95) |

Waiver and Permission Form: I give Debut Theatre Company staff permission to seek medical treatment for (above listed child) in case of an emergency in which I cannot be reached. I agree to waive any responsibility on the part of Debut Theatre Company for injuries that were not the result of negligence.

Parent/Guardian Signature: _____ Date: _____

A class may be cancelled and all tuition returned if it does not meet a minimum number of participants.

Return with payment to:
Debut Theatre Company, 827 Riverside Avenue, Fort Collins, CO 80524
*****NO PHONE RESERVATIONS WILL BE ACCEPTED*****