

Debut Registration Form – Summer 2020

(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 20) : _____ 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)

_____ The Plays the Thing 1 (Grades 3-5 - \$175)

_____ Monologue Workshop (10-17yrs - \$60)

_____ Stage Combat 1 (10-17 yrs - \$90)

_____ Stage Combat Advanced (10-17 yrs - \$90)

_____ Acting Up 2 (Grades 1-3 - \$175)

_____ The Plays the Thing 2 (Grades 3-5 - \$175)

_____ Actors Play-Pen (Grades 6-8 - \$200)

_____ 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

*****Call or Email for Information: 970-224-5774 or debut@frii.com*****