

Debut Registration Form – Summer 2021

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

Student Name: _____
Preferred Name: _____ Male/Female _____
Grade (Spring 21) : _____ 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):

- _____ Monologue Workshop (10-17 - \$80)
- _____ Characters & Scenes (12-17 - \$175)
- _____ Blood, Gore & Wounds Makeup (11-18 yrs- \$60)

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@frie.com*****