



Capistrano Acting Academy

Musical Theatre Workshop 9-23-08 through 12-13-08
5:00 PM to 6:30 PM plus the Saturday Performance



Student Name: _____

Parent Name: _____

F/M: _____ DOB: _____ Age: _____

Address: _____

City/State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email Address (required): _____

Emergency contact: Name _____ Relationship _____ Phone _____

Doctor Name _____ Insurance Carrier _____ Insurance No. _____

Child Allergies, Medications or Special needs: _____

Person(s) allowed to pick up my child from class (with notification) _____

Previous acting or class experience: _____

Parent volunteer time 3 hours required per parent per child:

Please enter preferred dates Tuesday _____ Thursday _____ or Performance Saturday December 13th

In addition I would like to volunteer for Backstage ___ Tech ___ Costumes ___ Other _____

Payment method: (non-refundable)

Class fee \$250.00 + \$30.00 Costume fee **Family discount:** 10% on class fee per additional sibling. (No discount on costume fee)

Charge my credit card for \$ _____ Type of Card M/C ___ Visa ___ Amex ___ Discover ___

Card number _____ Expiration Date _____ Code number _____

Signature _____ Date _____

Checks payable to Capistrano Acting Academy (Please note: High School Musical)

I understand that my child must be on time and may not miss any classes in last three weeks in order to perform in the production on Saturday, December 13, 2008 _____ (Initials)

I understand that my child must behave properly in the theatre and classes in order to remain in classes _____ (Initials)

I will pick up my child promptly at the end of class as there is no childcare available _____ (Initials)

I understand, acknowledge and agree that (1) my involvement with the South Orange County Community Theatre dba Camino Real Playhouse and Capistrano Shakespeare Festival and Capistrano Acting Academy (SOCCT/CRP/Caposhakes/CAA) is and will be as a volunteer/actor/student (2) there is no employer/employee relationship between me and SOCCT/CRP/CapoShakes/CAA, (3) there are inherent risks during the performance of any work or task necessary for the staging or performance of theatrical presentations or classes including, but not limited to, the rehearsal and backstage, during performances (collectively "Theatre Work") and (4) I will and do, on behalf of myself, my spouse, my heirs, my insurers, my successors, and assigns (collectively "My Parties"), release, hold harmless, and indemnify SOCCT/CRP/CapoShakes/CAA, it's agents, officers, directors, trustees, advisors, employees, contractors, members, insurers, successors, and assigns (collectively, "Agents") from any claims, liabilities, losses, demands, damages, causes of action, or costs including without limitations attorneys fees (collectively "Claims") arising out of or in connection with my attendance at or participation in the Theatre Work, even though the Claims may arise out of the negligent acts or omissions on the part of SOCCT/CRP/CapoShakes/CAA and it's Agents. I further hereby agree on behalf of myself and My Parties to assume all risks of my participation in the Theatre Work.

Signature _____ Date _____

Photography Waiver/Release:

I hereby assign and release to Capistrano Acting Academy all rights to reproduce for the purpose of illustration, advertising or publication in any manner, any photographs taken of my child. Capistrano Acting Academy will not publish the name of any child in connection with the publication of any photograph without such child's parent (or guardian's) express consent.

Signature _____ Date _____

Credit Card or Check payment: please mail to address below
Capistrano Acting Academy c/o Camino Real Playhouse
31776 El Camino Real San Juan Capistrano, CA 92675
For inquiries please email: sizygo@gmail.com or voicemail 949-489-8082
Classes will be held at Camino Real Playhouse