

Kelrik KIDS

Acting Workshop

REGISTRATION AND PERMISSION FORM

Please fill out a separate form for each child

Child's Name _____ Age _____ Birthday _____

Parent/ Guardian Names _____ E mail Address _____

Address _____ City _____ Zip _____

School _____ Grade _____ Male/Female Phone _____

PERSONAL CONTACT IN CASE OF EMERGENCY

1. _____

Name	Phone (<i>home and work</i>)	Relationship
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2. _____

Name	Phone (<i>home and work</i>)	Relationship
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FOR THE PARENT

I, the undersigned, acknowledge that Kelrik Productions sponsors the Children's Workshops and realize that NO MEDICAL INSURANCE IS PROVIDED. I, the parent/guardian of the above named minor, hereby approve of his/her participation in the workshop. Further, I consent to emergency medical treatment for this minor should the need arise. I expect that the activity supervisors will make an effort to contact me, time permitting, before medical treatment other than minor first aid is administered.

Signature of Parent or Guardian Date

<input type="checkbox"/> ACTING ABC's	Thursdays 3:00-4:00	FEBRUARY 7 – MARCH 13	\$75
<input type="checkbox"/> WINTER SEMESTER	Thursdays 4:00 – 6:00	FEBRUARY 7 – MARCH 13	\$175
<input type="checkbox"/> ACTING ABC's	Mondays 3:00-4:00	APRIL 28 – JUNE 2	\$75
<input type="checkbox"/> SPRING SEMESTER	Mondays/Thursdays 4:00 – 6:00	APRIL 28 – JUNE 5	\$300
<input type="checkbox"/> SUMMER SEMESTER	Monday-Friday	JULY 14 – JULY 25	\$350

TOTAL TUITION \$ _____

Payment must accompany order. Refunds are not available.

MasterCard Visa American Express

Card # _____ Exp. Date _____

Signature _____

Check Enclosed Check # _____ *make checks payable to: Kelrik Productions*

Complete form and mail payment to:
Kelrik Productions, 1490 Southwood Drive, San Luis Obispo, CA 93401

I would like to receive information on upcoming events via e-mail mail

FOR OFFICE
USE ONLY

KELRIK PRODUCTIONS

MINOR WAIVER AND LIABILITY RELEASE

Name of Minor _____

For the Parent/Guardian

I, the undersigned, understand the production, sponsored by Kelrik Productions, involves recreational and theatrical activities. I further understand that accidents can occur during these activities and that it is possible that participants may suffer serious injury. Nevertheless, I, ON BEHALF OF THE ABOVE - MENTIONED MINOR AND MYSELF, HEREBY ASSUME THE RISK OF PARTICIPATION IN THE WORKSHOP.

In return for the following Minor to participate I, on behalf of the Minor and myself, hereby waive, release and discharge any and all claims for damages for death, personal injury, disability or property damage of any kind which may hereafter accrue to Minor or myself as a result in his/her participation in this activity. This release is expressly intended to discharge in advance Kelrik Production and its employees, agents and volunteers from and against any and all liability arising out of or connected in any way with Minor's participation in this activity.

This Waiver and Liability Release shall apply to Minor and myself as well as any of our heirs, executors, or administrators.

By my signature below, I hereby certify that I am the parent or legal guardian of Minor that I am acting in that capacity. Further, I acknowledge that I have read this document and understand its contents.

Signature of Parent/Guardian

Date