

Capistrano Acting Academy Registration



Student Name: _____
F/M: _____ DOB: _____ Age: _____
Address: _____
City: _____, CA Zip: _____
How did you hear about Acting Academy for Kids? _____
Parent/Guardian: _____
Phone: (H) _____ (W) _____ (C) _____
Email Address: _____
Emergency contact #'s 1) _____ 2) _____
Class day and time desired _____
Child Allergies or Special needs: _____
Previous acting experience: _____
I would like to volunteer for one class a month to help with kids: _____

Payment Method - Checks payable to Capistrano Acting Academy (please select appropriate amount below)
\$85.00 _____ per month or \$160.00 _____ per 8 week session (payment are non-refundable)

Charge my credit card for \$85.00 or \$160.00 (please circle the amount)

Type of Card M/C _____ Visa _____ Amex _____ Discover _____
Card Number: _____ Expiration Date: _____ Code number: _____

I understand that my child must behave properly in Classes _____ (please initial here)
I will pick up my child promptly at the end of class as there is no childcare available _____ (please initial here)

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.

Sign _____ Date _____

Photography Waiver/Release:

I hereby assign and release Acting Academy for Kids all rights to reproduce for the purpose of illustration, advertising or publication in any manner, any photographs taken of my child. Acting Academy for Kids 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.

Sign _____ Date _____

To enroll please complete form and mail with check or credit card information to:

Capistrano Acting Academy c/o Camino Real Playhouse - 1776 El Camino Real San Juan Capistrano, CA 92675
inquiries email: sjygo@gmail.com or call 714-747-4915. Classes held at Camino Real Playhouse Stage II Theatre