

The Dixon: Historic Theatre

Children's Theatre Spring Semester (Seussical the Musical jr.)
Registration Form 2024

Starts Jan. 29 Classes held on Mon. & Wed. 3:30pm – 5pm

Tuition is \$50 for the first child and \$35 for additional children *per month*. Payment is due on or before the 8th day of the month.

Parent or Legal Guardian/Full Name: _____

Complete Street Address: _____

Employer Name & Address: _____

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

Email: _____

Child 1: Amount \$50

Full Name: _____ Date of Birth: _____

Male Female Age: _____ School: _____ Grade: _____

Height: _____ Weight: _____ Dress Size: _____ Shoe Size: _____

Pants Size: _____ Shirt size: _____

Specialties (for example: singing, dancing, gymnastics, playing an instrument, etc.) _____

Emergency Contact Info: _____

Any special Instructions (i.e. chronic health conditions, regular medications, allergies): _____

Child 2: Amount \$35

Full Name: _____ Date of Birth: _____

Male Female Age: _____ School: _____ Grade: _____

Height: _____ Weight: _____ Dress Size: _____ Shoe Size: _____

Pants Size: _____ Shirt size: _____

Specialties (for example: singing, dancing, gymnastics, playing an instrument, etc.) _____

Emergency Contact Info: _____

Any special Instructions (i.e. chronic health conditions, regular medications, allergies): _____

2024 Spring Semester Registration

I, _____, hereby grant permission for

to participate in the Dixon Theatre children's Spring semester for 2024. I hereby release from liability and hold The Historic Dixon Theatre group and The Dixon Theatre harmless from any and all claims and causes of action involving my child(ren), for loss of property, personal injury or death sustained by my child arising out of any activity or travel conducted by or under control of The Dixon: Historic Theatre. It is understood that The Historic Dixon Theatre group and The Dixon Theatre as used herein shall include each entity's respective employees, administrators, agents, independent contractors and boards there of. I further authorize the Dixon Theatre representatives to obtain medical treatment in the event of injury or illness if I cannot be reached and agree to pay any expense incurred for this treatment.

I, _____, hereby authorize

The Dixon: Historic Theatre and any of its designees, to photograph, video tape, film or otherwise record my child(ren) _____

Their voice, their musical or other theatrical performances, or any other activities in which they are engaged at The Dixon: Historic Theatre. In addition, I hereby assign all right to photographs taken of my child(ren) to The Dixon: Historic Theatre and its designees. I understand and agree that all such materials, including without limitation, all negatives, positives, print, film, tapes, CDs, DVDs, and any other media now known or hereafter shall remain the sole property of The Dixon: Historic Theatre. I understand that the photos may or may not be used for advertising and publicity purposes or any other use The Dixon: Historic Theatre intends, which may include (but is not limited to) programs, print, web, and broadcast advertisements, catalog and schedule covers or fillers, or other publicity and advertising purposes. I understand that I will not be compensated for use of the photos or time spent while taking the photos. I also acknowledge that there will be no notice given to me as to when or how The Dixon: Historic Theatre or its designees may use the photos. By signing below, I acknowledge that I have received a copy of this release form and agree to all conditions herein.

Parent's Signature: _____ Date: _____