

**NRACT 2010 Adult Class  
REGISTRATION FORM**

Office Use Only: Paid \_\_\_\_\_ Ck # \_\_\_\_\_  
Initials \_\_\_\_\_

**REGISTRANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ EMAIL Address: \_\_\_\_\_

Street Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

**EMERGENCY CONTACT**

Emergency Contact Names: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

(Circle Best Phone number to reach during class time)

**MEDICAL INFORMATION**

In an Emergency – which hospital do you prefer? \_\_\_\_\_

Registrant covered by Health Insurance? \_\_\_\_\_ no \_\_\_\_\_ yes Insurance Company: \_\_\_\_\_

Do you have allergies? \_\_\_\_\_ (please explain) \_\_\_\_\_

Medical Conditions (Physical/Emotional) we need to be aware of: \_\_\_\_\_ no \_\_\_\_\_ yes (if yes please explain)

\_\_\_\_\_

Session Length	Class Name (Circle One)	Total Cost	Registration Paid to hold spot in class	Tuition Paid when PIF	Day & Time	Staff Init.
9 Week	Adult Acting Basics	\$118			Wednesday 3/17 – 5/12 7:00 – 8:00	
	Adult Acting II	\$118			Monday 3/15 – 5/10 8:00 – 9:00	
9 Week	Adult Improv	\$118			Wednesday 3/17 – 5/12 8:00 – 9:00	
9 Week	Theatre writing class	\$118			Monday 3/15 – 5/10 7:00 – 8:00	
	Audition Support Group	* \$15 per 30 minutes			(Call to schedule an appointment)	

TOTAL Fees: \_\_\_\_\_ (Registration Fee of \$25.00 is **already included** to the total charge per class)

Please let us know if there are any classes that you would like to see in the future or if there are times that would have worked better for your family.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WAIVER**

I hereby assume of all the risks and hazards incidental to the conduct of the activities and transportation during NRACT Classes. I release, absolve and indemnify NRACT; NRACT contractors, volunteers and /or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by NRACT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_