



# Olympic Theatre Arts CHILDREN'S THEATRE CLASSES

414 N. Sequim Avenue  
(MAIL TO: PO Box 1474)  
Sequim, WA 98382  
(360) 683-7326  
office@olympictheatrearts.org

## REGISTRATION FORM, SPRING CLASSES 2019

April 10 – June 12, 2019

Please use one application for each child.

Child's Name \_\_\_\_\_ AGE (first day) \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Are you an OTA family member? Yes \_\_\_\_ No \_\_\_\_

### ROAD SHOW

Wednesdays from 3:30 to 5:30 p.m., ages 8–18

with Bonne Smith & Sarah Tucker

Location: Olympic Theatre Arts Center, 414 N. Sequim Ave., Sequim, WA

### Guardian Information:

Parent/Guardian #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact:

Name: (or same as above #): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**CHILDREN'S THEATRE CLASSES**  
Registration Form Spring Classes

**PARTICIPATION RELEASE and PERMISSION TO TREAT**

I hereby certify that \_\_\_\_\_ (child's name) is in normal health and capable of safely participating in the Olympic Theatre Arts Children's Theatre Classes. I assume all risks and hazards incidental to the conduct of these classes and for the transportation to and from the theatre.

I hereby authorize Olympic Theater Arts to obtain emergency medical treatment the above named child in the event that parents and /or emergency contact cannot be reached.

I give permission to Olympic Theatre Arts to use any photos or videos taken of the above named child for future publicity purposes.

Once your child is released from the theatre site, Olympic Theatre Arts is no longer responsible for him/her/them.

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**TUITIONS:**

**ONE TEN-WEEK CLASS SESSION: \$120.00** (\$100 for OTA Family Members)

Space is limited and will be granted on a first come first served basis. To reserve your place please return completed registration form with payment in full to Olympic Theatre Arts (see mailing and physical addresses above)

**YOU MAY USE ONE OF THE FOLLOWING PAYMENT OPTIONS:**

Cash, delivered to the OTA business manager  
By check, made payable to Olympic Theatre Arts  
or by supplying credit card information below:

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CVV \_\_\_\_\_

AUTHORIZED AMOUNT: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street Address or PO Box) (City) (State) (Zip Code)