

CLASS NAME \_\_\_\_\_

**BTAA Class Registration**

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

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address (if available): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender (circle one): male female

How did you hear about us? \_\_\_\_\_

List prior experience and/or past performances you have participated in (Continue onto the back if necessary):

- By signing below you acknowledge that the registration fee is non-refundable and under no circumstances will it be refunded.
- Your signature also authorizes Broadway Theatre Arts Academy to use your child's name and any photographic and/or videotaped images of your child for making and publicity purposes without any further authorization from the parent/guardian and without financial or other compensation.
- By signing below you agree to indemnify The City of Escondido, The California Center for the Arts, Escondido, Broadway Theatre Arts Academy and all of their officers, agents, employees, subcontractors and independent contractors and hold them free and harmless for any property damage, bodily injury or death or any other element of damage of any kind occurring anytime you or your child is engaged in an activity by, or on behalf of, or related to Broadway Theatre Arts Academy.

X \_\_\_\_\_

Parent Guardian Signature

Please charge my MasterCard or Visa # \_\_\_\_\_

In the amount of \$ \_\_\_\_\_ Billing Zip Code # \_\_\_\_\_

CVV (last 3 or 4 numbers on the back of the card# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature X \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Amt. Paid Cash Check Number

Staff Initials