

SHOW/CLASS/WORKSHOP NAME _____

BTAA Registration Form

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? _____

- By signing below you acknowledge that the registration fee is due at audition (or before the first class begins for classes/workshops) and are non-refundable.
- 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.
- By signing below you acknowledge that you have read the Family Commitment form and agree to follow the policies presented therein.

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
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