

Sine Timore Registration

ALL CHECKS MAKE PAYABLE TO

******* SINE TIMORE THEATRE CULTURE TRUST *******

REGISTRATION FORMS DUE AT FIRST REHEARSAL

The registration fee is \$200. Stage Crew fee is \$100. Make Checks Payable to **SINE TIMORE THEATRE CULTURE TRUST**.

Registration is non-refundable, even in the event of a child withdrawing from the show.

TUITION IS DUE BY THE FIRST WEEK OF REHEARSALS UNLESS YOU HAVE MADE PAYMENT ARRANGEMENTS WITH US.

Each child registered will receive a show T-Shirt.

Please complete a separate form for EACH child.

CHILD NAME_____

PARENT(S) NAME_____

ADDRESS_____

PHONE NUMBER (H)_____(W)_____

CELL NUMBERS_____

CURRENT GRADE_____AGE_____SCHOOL_____

PARENT EMAIL ADDRESS(ES)_____

T-SHIRT SIZE: _____Child Medium _____Child Large _____Adult Small _____Adult Medium
_____Adult Large _____Adult X-Large _____Adult XX Large

I give permission for my child named above, to participate in THE ADDAMS FAMILY YOUNG@PART. I understand that only two absences are permitted, and that tech week is absolutely mandatory. Please notify the director of any absences, so that we can plan accordingly.

Parent Signature

Date

Please list the dates that you will not be able to attend practice: _____

Questions may be directed to sinetimoretheatre@gmail.com

Megan McCormick 215-385-4229 (Cell, please text or email)

SINE TIMORE EMERGENCY CONTACT

DIRECTIONS: Please complete one form for each child participating.

Name:

Address:

City/State/Zip:

Date of Birth:

Name of Parent(s)/Guardian(s):

Home Phone Number:

Cell Phone Number(s):

Work Phone Number(s):

Provide an emergency contact:

Name:

Relationship to the child:

Phone number(s):

Insurance Consent:

I consent to and give permission for any emergency medical care for my child that may be needed as a result of my child's participation in Sine Timore Productions

Insurance Name:

Group/Policy Number:

Doctor's Name/Phone:

Parent Signature:

EMERGENCY CONTACT CARD

PLEASE NOTE: Your child/children will not be able to participate in practices until Emergency Cards are completed and returned to Sine Timore.
Thank you for your cooperation!

Give any pertinent medical information (allergies, asthma, etc):

SINE TIMORE PHOTO RELEASE FORM

I hereby give Sine Timore Theatre Company the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use any picture(s) and video(s) of my child(ren) from THE ADDAMS FAMILY YOUNG@PART program 2020. This authorization and release covers the use of said pictures in any published form and any media.

I also understand that Sine Timore may be included by name and I fully understand that this is a complete release of all claims against Sine Timore Theatre company or any other person, firm or corporation by reason of any such use of such Sine Timore pictures.

I hereby warrant that I am free to give this permission. I further warrant that the information I have provided to the best of my knowledge is true and accurate.

Please print:

Child's Name:

Child's Name:

Child's Name:

Child's Name:

Parent Signature:

Date: