# **THEATRE33 Adult Classes: Registration Packet**

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- 2. Theatre33 Registration Form Fill & Sign
- 3. Fees Fill & Sign
- 4. Code of Conduct and Participation Agreement Review & Sign
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# THEATRE33 Registration Instructions

Welcome to the new session of classes at Theatre33. Enclosed you will find the necessary information and materials for the upcoming education program.

## **KEY DATES**

- January 16, 2024 Registration and first class
- Jan 23, 30, Feb 6, 13, 20, 27, March 5, 12 classes 2-8
- March 19, 2024 Open and Final Lesson

Drop-in options are available.

## **REGISTRATION CHECKLIST (Due upon registration)**

- □ Registration form
- □ Registration Fee
- Signed Code of Conduct and Participation Agreement
- Signed Liability Waiver
- Signed Photo and Video Release Authorization

# CLASSES:

• First day will be January 16, 2024; Last day of will be March 19, 2024

# FEES:

New Student Yearly Registration fee: \$50 PER STUDENT

### Class fees:

- \$350 for a 10-week session (discounted) or three payments of \$125
- \$40 per class on drop-in bases (if space permits)

# PAYMENT TERMS:

- Full session payments <u>only</u> are eligible for a discount (\$25 less than installment payments)

Monthly payments - 1<sup>st</sup> payment – at registration/beginning of session; Subsequent payments will be invoiced every four weeks and need to be paid within 5 days.
Late payments will incur a \$15 late fee.

# HOW TO REGISTER:

All forms can be e-signed or printed out and signed and delivered to Theatre33 during

registration or when joining the class. Checks can be made payable to Theatre33, and can be delivered in person or mailed to: Theatre 33, 243 169th Ave NE, Bellevue, WA 98008. We can also accept payment via credit card and you have an option to set up autopay.

## **ADDITIONAL INFORMATION:**

<u>Session Commitment -</u> Upon registration, students are committing to the entire session. Class fees will not be refunded if students withdraw during the session. If the monthly payment option is used, the remaining session fees will still be due. We do not issue prorated refunds for missed classes.

**<u>Billing</u>** – Currently, we are able to accept tuition payments by cash, check, and credit card. You can also choose to sign up for autopay.

# THEATRE33 Registration Form (one form per student)

STUDENT'S NAME (print)		Age	
Preferred Name:	Birthdate (mm/dd/yyyy)	Gender	
Home Phone #	Cell Phone #		
Email Address			
Street Address			
City	Zip Code		
Person to be notified in case o	f emergency:		
Name	Phone #		

# Fees:

## (see Registration Guide for explanation of fees)

#### Registration Fee: \$50

Class Fee: Session: \_\_\_\_\_ (\$350)

Or Monthly: \_\_\_\_\_ (\$125)

I agree to abide by the rules and regulations of Theatre33 and chose to participate in Theatre33's program during the current session. I agree to make the payments on time and as agreed upon.

SIGNED: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

#### Please deliver payments and registration to: Theatre33 or mail your registration packet to: Theatre 33, 243 169th Ave NE, Bellevue, WA 98008

### ALL CLASS CORRESPONDENCE WILL BE VIA E-MAIL ADDRESS, PHONE NUMBER(S) PROVIDED or VIA META MESSENGER

# **Code of Conduct and Participation Agreement**

Congratulations! You are about to be a part of something really special!

Please take the time to read the following participation agreement and, once done, attest that you have read and understand what will be expected during the classes. Theatre is fun and creative, but is also a big commitment. Your director and your fellow actors want you to succeed. To be successful you are expected to be at every rehearsal/class.

I \_\_\_\_\_\_ (actor's name) and

• I will follow the rules and be respectful of my instructor and my fellow actors.

• If I have any problems or questions I can always talk to the instructor before and after class.

• Like all performing arts, it takes practice outside of rehearsals. I will come prepared with the work the instructor has assigned.

• I will challenge myself to make new friends and have new experiences. I will treat all actors with respect and support them through this adventure.

• If I know that I have to be absent, running late, or leave early, I will tell my instructor beforehand.

# General Guidelines:

• Treat instructors, parents, facility staff, and students courteously and with respect at all times. Let the words you speak be uplifting to that person.

• Stay informed by reading all class communications.

• Keep my contact information up to date and regularly monitor my email for class information.

• Communicate any concerns or suggestions directly to the instructor or the Education Program Director.

• Should I choose a monthly payment option, I will submit payment within 5 days of receiving the invoice.

• In the event that I chose to discontinue attendance mid session, I understand that I am still responsible for the remaining monthly payments.

• Respect the instructor's decision with regards to teaching. If I have a concern that I feel is not being addressed by the instructor, and I feel that I am not able to communicate my concern with the instructor, I will contact the Education Program Director.

# By signing this form, I am committing to meeting the guidelines and expectations contained herein. I understand that failing to do so may result in actions taken by Theatre33 staff and management as deemed appropriate.

Signature:	Date	e:

# Theatre33 Liability Waiver

My signature below releases Theatre33, its directors, staff, employees, independent contractors, volunteers, helpers, and landlords from any and all liability that may result from myself, my children, or any member of my family participating in acting lessons, dance lessons, exercise classes, rehearsals, parties, private lessons, performances, field trips or any function sponsored by Theatre33.

I agree to hold Theatre33, its directors, staff, employees, independent contractors, volunteers, helpers, and landlords 100% harmless for any and all injury that may result from my student, child, myself or any member of my family participating in the activities listed above. Our participation is completely voluntary.

I have listed any special medical problems that I or my child/student have below. Our family doctor approves of our participation in the above listed activities in spite of these medical problems. My signature verifies that I have read this waiver and agree and accept its contents.

Print name of Participant

Print name of Guardian

Signature of Participant or Guardian

Medical problems (if any)

Today's Date

# Theatre33 Photo and Video Release Authorization

I grant to Theatre33 the right to take photographs and/or video of me and my family in connection with their classes, performances, parties and events. I authorize Theatre33, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that Theatre33 may use such photographs and/or videos of me and my family with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, social media and web content and grant applications. I will speak with management to discuss my options

I have read this Photo and Video Release Authorization and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

By signing below, I grant authorization to use photographs and/or video.

Print name of Participant

Signature of Participant

Date