

THEATRE33 Adult Classes: Registration Packet

1. Theatre33 Registration Guide - **Information Only**
2. Theatre33 Registration Form – **Fill & Sign**
3. Code of Conduct and Participation Agreement – **Review & Sign**
4. Theatre33 Waiver of Liability – **Review & Sign**
5. Theatre33 Photo and Video Release Authorization – **Review & Sign**

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

- **November 4, 2024** - Registration and first class
- **November 11, 18, 25, December 2, 9, 16- classes 2-7**
- **December 16th** - 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 November 4, 2024; Last day of will be December 16, 2024**

FEES:

- **Class fees:**
 - \$300 for a 7-week session
 - \$50 per class on drop-in bases

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 to instructor or mailed to: Theatre33, 243 169th Ave NE, Bellevue, WA 98008.

ADDITIONAL INFORMATION:

Session Commitment - Upon registration, students are committing to the entire session. Class fees **will not be refunded** if students withdraw during the session. **We do not issue prorated refunds for missed classes.**

THEATRE33
Registration Form
(one form per student)

STUDENT'S NAME (print) _____

Preferred Name: _____ Birthdate (mm/dd/yyyy) _____ Gender _____

Home Phone # _____ Cell Phone # _____

Email Address _____

Street Address _____

City _____ Zip Code _____

Person to be notified in case of emergency:

Name _____ Phone # _____

**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. To be successful you are expected to be at every rehearsal/class.

I _____ (actor's name)

- Will follow the rules and be respectful of my instructor and my fellow classmates.
- 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: _____

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, if applicable

Signature of Participant or Guardian

Today's Date

Medical problems (if any)

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