

6th Street Playhouse

52 West 6th Street, Santa Rosa, CA 95401

Questions? Please contact the 6th Street Playhouse School of Drama at [707-523-4185, ext. 122](tel:707-523-4185),
or at education@6thstreetplayhouse.com

Enrollment Application

STUDENT INFORMATION

Student's Name: _____ Age: _____ M F

Home Phone: _____ Cell : _____

Home Address: _____ City: _____ Zip: _____

REGISTRATION INFORMATION

Workshop Name: _____ Day of Week: _____ Tuition \$ _____

Workshop Name: _____ Day of Week: _____ Tuition \$ _____

Workshop Name: _____ Day of Week: _____ Tuition \$ _____

Total Tuition \$ _____ - *Deposit Enclosed today** \$ _____ = Balance Due on first day of class \$ _____

**A deposit of \$100 per workshop is required to reserve a space in each workshop, with the balance due on the first day of class.*

Mail these items to 6th Street Playhouse:

- (1) Completed Enrollment Application
 - (2) Emergency Contact Release Form ("youth/teen" or "adult" form)
 - (3) Check made payable to: **6th Street Playhouse**
- OR

If paying by credit card complete this information:

CARD TYPE: VISA MC AMEX Credit Card Number: _____ Exp. Date ____/____

Name on Card: _____

Signature _____

CONTACT INFORMATION (Complete this section only if student is under 18 years of age.)

Parent's Name: _____ Work Phone: _____ Cell: _____

Home Phone: _____ Email : _____

Home Address: _____ City: _____ Zip: _____

Enrollment in all classes and workshops is on a space available basis. Class size may vary. You will receive confirmation of enrollment. Cancellation Policy: Refunds are available if cancellation notice is received in writing at least two weeks prior to the first class date. No other refunds are available.

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Emergency Contact Release Form – Youth/Teen (Please Print Clearly)

Student's Name: _____ Age: _____ M F

Home Phone: _____ Cell : _____

Home Address: _____ City: _____ Zip: _____

Parent Name: _____ Work Phone: _____ Cell: _____

Parent Name: _____ Work Phone: _____ Cell: _____

Please list any special health or behavioral problems: _____

WAIVER AND RELEASE OF LIABILITY

Parent please initial blanks and sign below

In consideration for my child's participation, I understand and agree to the following:

1. I grant permission to 6th Street Playhouse and its agents or its employees to use photographs, sound recordings and video recording of Student, or members of Student's family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. Furthermore 6th Street Playhouse will have the right to use Student's name and likeness, as well as any photographs or biographical information provided by the Student, for the purpose of publicizing, promoting and advertising the 6th Street Playhouse and its productions.
2. I understand that performing arts like any endeavor creates risk and the possibility of injury from minor to catastrophic or even death. The risk of harm may be limited by the knowledge, training and diligence of the teachers and facilitators but never eliminated. I am voluntarily allowing the participation of the student named above in this activity with knowledge of the risks involved and hereby agree to accept any and all responsibilities herewith.
3. I hereby release 6th Street Playhouse located at 52 West 6th Street, Santa Rosa, CA 95401 and their teachers and facilitators from any and all present and future claims resulting from ordinary negligence on the part of 6th Street Playhouse for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in performing arts, dance or any activities incidental thereto.

I have read and understand the aforementioned, and by signing this form, waive any and all claims against 6th Street Playhouse.

Parent Signature: _____ Date: _____

Name (printed): _____

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Emergency Contact Release Form – Adults (Please Print Clearly)

Student's Name: _____

Home Phone: _____ Cell : _____

Home Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Work Phone: _____ Cell: _____

Emergency Contact: _____ Work Phone: _____ Cell: _____

WAIVER AND RELEASE OF LIABILITY

Please initial blanks and sign below

I understand and agree to the following:

1. I grant permission to 6th Street Playhouse and its agents or its employees to use photographs, sound recordings and video recording of Student, or members of Student's family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. Furthermore 6th Street Playhouse will have the right to use Student's name and likeness, as well as any photographs or biographical information provided by the Student, for the purpose of publicizing, promoting and advertising the 6th Street Playhouse and its productions.
2. I understand that performing arts like any endeavor creates risk and the possibility of injury from minor to catastrophic or even death. The risk of harm may be limited by the knowledge, training and diligence of the teachers and facilitators but never eliminated. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all responsibilities herewith.
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Student Signature: _____ Date: _____

Name (printed): _____