

LEADERS BY CHOICE (LBC)
Theater Art Works . . . Beyond the Stage!
REGISTRATION FORM

Thank you for your interest in LBC Theater Art Works. For more information about our leadership through the arts program, email us at:

leadersbychoice2@gmail.com

REQUIRED INFORMATION*

Your First Name* _____

Your Last Name* _____

Your Phone Number * _____

Your Email Address* _____

Your Child's Name* _____

Your Child's Age* _____

Your Child's Gender * _____

In the event of an emergency, who do we call if we cannot reach you? *

Name _____ Number _____ Relation _____

Name _____ Number _____ Relation _____

Name _____ Number _____ Relation _____

Who has permission to pick your child up after class? **NOTE:** Written notice is required if your child is to leave with persons other than the ones designated below.*

Name _____ Number _____ Relation _____

Name _____ Number _____ Relation _____

Name _____ Number _____ Relation _____

REGISTRATION FEES AND POLICY:

Please pay the required registration fee, by attaching a check or money order to this form. Make check or money order **payable to Leaders by Choice, Inc. or LBC**. The registration fee **will pay for all theater supplies and leadership materials** needed for the class. (Fee does **not** include the cost of your child's costume.)

I hereby give permission for my child to participate in the Leaders by Choice Theater Art Works program. My signature below is indicative of the fact that I have read and understood the information contained herein as well as the class policies. I received a copy of the class policies and agree to comply with same (see attached).

Print Name _____

Signature _____ Date _____

Parent's/Guardian's Questions/Comments:

LEADERS BY CHOICE (LBC)
POLICY AND WAIVER OF LIABILITY

PLEASE INITIAL IN FRONT OF EACH LBC POLICY:

____ Photos of your child(ren) may be used in promotional brochures, news articles, or other literature published by Leaders By Choice Theater Art Works.

____ Tuition must be paid in advance by check or money order only. Please make check payable to Leaders by Choice, Inc or LBC.

____ There will be a \$25.00 fee for any insufficient checks.

____ Refunds will **not** be issued for missed classes.

____ Parents or designated person must pick up their child upon the completion of class. There will be a \$1.00 fee charged for every 5-minutes late.

____ Parents or legal guardian must inform director of any known allergies that your child may have.

____ **Allergies** (Use separate sheet of paper, if necessary):

WAIVER OF LIABILITY:

Please review and sign the following Parental Consent and Waiver of Liability prior to your child's participation in LBC Theater Art Works activities. I, the undersigned parent or legal guardian of

_____ (hereinafter, my "Child"), agree that:

1. Leaders by Choice (LBC) assumes no responsibility for the supervision of my Child at times other than during the class sessions.
2. I am aware that my child will be doing physical movement during the classes.
3. I hereby waive and release any right I may have or acquire to make a claim against or attach LBC or any of its members, employees, or agents for monetary damages caused by injury to my Child or damage to the property of my Child or myself arising from my Child's participation in the class activities.
4. I have carefully read this agreement and fully understand its contents. I am aware the agreement includes a waiver of liability and indemnity agreement. PARENT OR LEGAL GUARDIAN:

Name _____

Signature _____ Date _____

(LBC Policy and Waiver form revised 10/2017.)