

Ragland

2018-19

YOUTH

Theater Classes

WINTER SESSION

WINTER 2018-19 SESSION REGISTRATION

Tuition balance is due on or before the first day of class.

Student's Name: _____ Age: _____ DOB: _____

School: _____ Grade: _____ Gender: M F

Parent(s)/Guardian(s): _____

Address: _____

City: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Email Address: _____

	cost	additional sibling	total
<input type="checkbox"/> Musical Theater I: Tinkerbell in Neverland Grades K-3 Tuesdays 4 - 5 p.m. Jan 8th—Feb 26th	\$85	\$50	
<input type="checkbox"/> Storybook Theater : Peter Pan & Wendy Grades K-3 Tuesdays 5- 6 p.m. Jan 8th—Feb 26th	\$85	\$50	
<input type="checkbox"/> Musical Theatre II: Adventures in Neverland Grades 3-8 Tuesdays 5 - 6 p.m. Jan 8th—Feb 26th	\$85	\$50	
<input type="checkbox"/> Scenes in Neverland Grades 3-8 Tuesdays 4 - 5 p.m. Jan 8th—Feb 26th	\$85	\$50	
		<i>Grand Total:</i>	

Check enclosed (make checks payable to The Ross Ragland Theater)

Charge my Card

Cash

Name on Card: _____

Number on Card: _____

Amount: \$ _____ Exp. Date: _____ CVC# (On Back): _____

Signature: _____

Complete and mail or drop off to: The Ross Ragland Theater, Attn.: Education, 218 North 7th Street, Klamath Falls, OR 97601



Limited class sizes, call or email today to save a place!
WWW.RRRTHEATER/LEARN/CLASSES
 218 N. 7th St | Klamath Falls | 541-884-LIVE(5483) | www.rrrtheater.org

EMERGENCY CONTACT & MEDICAL INFORMATION

Child's Name: *(print)* _____ DOB: _____ Gender: M F

Parent(s)/Guardian(s): _____

Home Phone: () _____ Cell Phone: () _____

Address: _____ City: _____ Zip: _____

ALTERNATIVE EMERGENCY CONTACT

Parent(s)/Guardian(s): _____

Address: _____

City: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Email Address: _____

MEDICAL INFORMATION

Hospital/Clinic Preference: _____

Physician's Name: _____ Phone: () _____

Allergies/Special Health Considerations: _____

MEDICAL CONSENT & RELEASE OF LIABILITY *(Valid through 2019)*

_____ *(initial)* I authorize the directors, teachers, employees, agents and volunteers of RRT as agents for the undersigned to consent to medical treatment in an emergency. I hereby release and discharge RRT, its directors, teachers, employees, agents and volunteers from any and all claims due to negligence resulting in personal injury, beyond any available insurance coverage.

_____ *(initial)* I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ *(initial)* I agree that photographs of my child/children taken by RRT may be used for promotional purposes including brochures, advertising, the RRT website and the RRT Facebook and Instagram pages. No names will be used without special permission. No photos will be used by other organizations without additional written consent.

Parent's/Guardian's Signature: _____ Date: _____



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