

SADDLE RIVER YOUTH THEATRE - REGISTRATION FORM 2017-2018

WWW.SRYT.INFO WWW.SRYT.ORG BOX OFFICE: 201-825-8805 EMAIL: srytheatre@aol.com

PROGRAM

NAME: _____

PARENTS'

NAMES: _____

STUDENT'S NAME: _____

STUDENT'S AGE AND GRADE: _____

COMPLETE MAILING ADDRESS WITH ZIP CODE: _____

HOME PHONE & CELLPHONE: _____ / _____

EMERGENCY CONTACT NAME AND PHONE NUMBER: _____

PARENT'S EMAIL

(Mandatory): _____

____ YES, ____ NO, I will (not) allow my child's PICTURE and FIRST NAME to be used on SRYT's website, printed & press materials.

____ YES! I am interested in a Parent Volunteer Opportunity and understand that SRYT will contact me.

MEDICAL RELEASE:

"I hereby give permission to SRYT to proceed with emergency treatment for my child in the event of accidental injury or illness in the event the family or the emergency contacts cannot be reached."

PARENT OR GUARDIAN INITIAL HERE _____.

GENERAL INFORMATION: (continue on back of this form)

Where did you hear about our program?

Has your child had past experience with other theater or dance schools?

If Yes, please list: _____

Do you allow your child to take Children's Tylenol?

THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL AND HELPS SRYT TO UNDERSTAND, AND WORK WITH PARENTS TO MEET, THE NEEDS OF THE INDIVIDUAL CHILD.

Does your child have any medical conditions we should be aware of?

Does your child have emotional, learning or physical issues that we should be aware of?

Are there any domestic or social issues we should be aware of? (divorce, death in family, bullying)

SCHEDULING CONFLICTS: (continue on back of form)

LIST ONLY SHOW CONFLICTS & REHEARSAL ABSENCES - IF YOUR CHILD CANNOT ATTEND THEIR OWN REHEARSAL-- THEY SHOULD ATTEND ANOTHER CAST'S REHEARSAL TIME. CAST REQUESTS MAY BE LISTED HERE BUT CANNOT BE GUARANTEED.

SRYT GUIDELINES AGREEMENT:

Auditions are for character placement only--every student gets a part. Your child will be asked to sign a Student Contract that states they will accept any part from the list of guaranteed parts on their contract. They will also agree to learning their lines, songs and dance steps by the due dates given out by the Directors. (There is no refund of tuition after this audition. Please explain this to your child before they proceed with the audition. Refunded tuitions are only given out in the event of illness or catastrophic family event.)

SRYT Guidelines are available on a downloadable Word document on our Member Portal Website: WWW.SRYT.ORG on our "Downloadable Current Forms" PAGE.

I have thoroughly read the SRYT GUIDELINES for 2017-2018 and agree to the Rules and Regulations mentioned therein as terms of my child's acceptance in the program. I understand that SRYT is not responsible for any injury that may result from my child attending an SRYT rehearsal or show. I understand that there is no refund of tuition after the audition date. I agree to these GUIDELINES and TERMS by signing and dating below:

Parent/GuardianSignature: _____ Date: __/__/____

SRYT PROGRAM ENROLLMENT:

We accept CASH, PERSONAL CHECK, VISA AND MASTERCARD. Sorry we do not accept Discover or Amex!

TODAY'S DATE: _____

STUDENT(S) NAME(S):

PROGRAM NAME:

PLEASE CIRCLE ONE: CASH CHECK VISA MASTERCARD

CHECK NUMBER: _____

NAME ON CREDIT

CARD: _____

CREDIT CARD NUMBER: _____

CREDIT CARD EXPIRATION DATE: __/__/____

CREDIT CARD CCV 3-DIGIT CODE: _____

ADDRESS CREDIT CARD IS BILLED TO, COMPLETE WITH ZIP CODE:

I would like to become a SRYT Member: _____ YES, _____ NO

I am already a SRYT Member: _____ YES, _____ NO

Membership Level: _____ (Basic, Regular, Premiere)

I would like to RENEW My Membership At This Level: _____

Member Levels are listed on our Member Portal www.SRYT.org Current Forms Page on the Membership Discounts word document and at our Box Office Counter.

I would like to JOIN at this level : _____

at the Yearly Membership Price of \$ _____

100% Tax-Deductible Donation \$ _____

PROGRAM TUITION \$ _____

Applicable Discount(s) (-) \$ _____

TOTAL \$ _____