STAAR Theatre at Antoinette Hall

 Theatrical Dance Registration 2023

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (Student)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address (Parent)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tuition $75.00 Per 6 class block- choose as many as you’d like.**

 Jan 16, 23, 30 & Feb 6, 13, 20 11am Ballet/Movement & 12pm Tap
 6 Weeks | 45 minute classes | $75 each series | $15 drop in class if space available

CLASS 1 Adult Ballet \_\_\_\_\_\_\_\_\_\_\_ Ballet Shoes Required

CLASS 2 Adult Tap \_\_\_\_\_\_\_\_\_\_\_ Tap Shoes Required

Describe any medical condition we should be aware of (diet restrictions, allergies, asthma, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Background (List schools/instructors, and/or theatre experience)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STAAR Theatre at Antoinette Hall**

**Liability Waiver**

Disclaimer: I agree to hold harmless STAAR Theatre at Antoinette hall and any instructor associated with STAAR for any injury or accident suffered while taking class, rehearsing, performing or participating in any activity sponsored by STAAR either on or off the STAAR  premises.  In the event that me/my child is injured, I give permission to the staff of STAAR to treat my child if necessary.

I have read and agree to the above guidelines.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant or Legal Guardian                                                                                         Date

**Photo Release: I hereby grant STAAR the right to photograph me/my child**

and use the photo and/or other digital reproduction of his/her physical likeness for advertising and/or publication processes, whether electronic, print, digital or electronic publishing via the Internet.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                             \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant or Legal Guardian                                                                                        Date

Deliver to Box Office located in Pierchoski Estate Law

103 N. First Street   Pulaski, TN 38478      931.363.7222

**Or Email to tammy@antoinettehall.com**

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 **STAFF USE ONLY**

**Class/Dates of Class(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class/Dates of Class(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CASH/CHECK\_\_\_\_\_\_\_\_\_\_\_\_\_  CHECK #\_\_\_\_\_\_\_\_\_**

**Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**