

Supplemental Registration for Curtain Call Classes at CDC Theatre

Please fill out and bring to the first day of classes.

Name: _____ Age/Grade _____

Circle Class Choice:

[Curtain Call Academy: Grades 3-5](#)

[Curtain Call Academy: Grades 6-8](#)

[Curtain Call Sprout: Grades K-2](#)

Address: _____

City: _____

Parent Name(s) _____

Home Phone(s):(____) _____

Cell Phone(s) (____) _____

E-mail(s) _____

Additional Emergency Contact (name, number, relationship) _____

List and explain any medical issues, allergies etc. _____

Release Information:

Waiver: I hereby authorize my child to participate in activities sponsored by CDC Theatre. In case of accident requiring medical treatment, I authorize my child to receive such treatment as the attending personnel deem appropriate. I also agree to not hold the CDC Theatre, or persons acting on its behalf, responsible for injuries suffered by my child during activities sponsored by CDC Theatre

I grant full permission to CDC Theatre to use any photograph, film or video images of my child for promotional purposes.

Parent or Guardian

Signature_____