

REGISTRATION FORM

I AM ESPECIALLY INTERESTED IN... Please list area of special interest, if you have a preference. For example, tech crew only, background choir only, assisting younger students, etc. No promises are made as to parts, but special consideration will be given to your preferences when casting.

First Student Name: _____

Age: _____ Grade: _____

I am especially interested in: _____

Second Student Name: _____

Age: _____ Grade: _____

I am especially interested in: _____

Third Student Name: _____

Age: _____ Grade: _____

I am especially interested in: _____

Fourth Student Name: _____

Age: _____ Grade: _____

I am especially interested in: _____



Home Phone _____

Parent Names _____

Cell/Work Phone(s) _____

Parent E-mail (will be used frequently for relaying show information)

If you would like your student to receive a copy of the parent informational emails, please list their email address:

Emergency Care

Please list 2 people, other than parents, to contact if parents cannot be reached.

Name 1 _____

Phone _____

Relationship _____

Address _____

Name 2 _____

Phone _____

Relationship _____

Address _____

Please list any special health concerns, medications, allergies, etc.

Musical Theater

Registration Form

Students cannot participate without *fully completed* form signed by both parents/guardians, and payment
First Semester Registration
Due by September 1, 2010



KINGSWOOD
AFTER-SCHOOL PROGRAM

Both Parents and/or Guardians:
after reading, please initial and sign where indicated, showing your agreement and understanding. Each line must be signed/initialed in order for your child to participate in the program.

Liability Release

I grant permission for my child or children named in this registration to participate in Kingswood Academy's Musical Theater Program. I grant permission for my child or children to be photographed in connection with the Kingswood Academy Musical Theater Program, and authorize the use of any of these photographs by Kingswood Academy or Chuck McNulty Photography for promotional purposes and otherwise.

Parent 1 initials: _____ Parent 2 initials: _____

I authorize any qualified and licensed medical professional to administer medical treatment to my child or children in cases where immediate treatment reasonably appears to be necessary and reasonable efforts to contact me at the emergency telephone number provided in this authorization have been unsuccessful.

Parent 1 initials: _____ Parent 2 initials: _____

To the extent permitted by law, I waive any existing or future claim I may have against Becky McNulty or Kingswood Academy, its employees, agents, or volunteers, related to any type of injury to my child or children at Kingswood Academy or otherwise arising out of participation by my child or children in the activities of the Kingswood Musical Theater Program.

Parent 1 initials: _____ Parent 2 initials: _____

To the extent permitted by law, I agree to indemnify Becky McNulty and Kingswood Academy, its employees, agents, and volunteers, from liabilities and expenses, including reasonable attorney fees, arising out of injury to persons and damage to property caused by my child or children at Kingswood Academy or otherwise caused by my child or children in connection with participation by my child or children in the activities of the Kingswood Musical Theater Program.

Parent 1 initials: _____ Parent 2 initials: _____

I have read and agree to the above statements.

Signature: _____

Signature: _____

Both Parents and/or Guardians:
after reading, please initial and sign where indicated, showing your agreement and understanding. Each line must be signed/initialed in order for your child to participate in the program.

Musical Theater Participation Guidelines

I agree that my child(ren) will be at all practices, rehearsals, calls, tear-down events, and performances with the exception of the following date(s)

_____.

Parent 1 initials: _____ Parent 2 initials: _____

I agree that if my child misses, leaves early, arrives late, or is picked up late to/from any practices, rehearsals, calls, tear-down events, or performances not listed above, this is grounds for a change in, or elimination of, their role in the Kingswood Musical Theater Program.

Parent 1 initials: _____ Parent 2 initials: _____

In the case of illness that causes my student to miss school on a rehearsal day, I agree to notify, via email and phone message, Becky McNulty by 9:15AM. If I fail to do so, this is grounds for a change in, or elimination of, their role in the Kingswood Musical Theater Program.

Parent 1 initials: _____ Parent 2 initials: _____

I agree that if my child does not follow the rules of proper care for their costume pieces (placing where they belong, hanging neatly, taking proper care, etc.), this is grounds for a change in, or elimination of, their role in the Kingswood Musical Theater Program.

Parent 1 initials: _____ Parent 2 initials: _____

I agree to abide by the rules laid out above and all future rules given in written, spoken, or electronic form, and to support my child in doing the same. Changes in, or elimination of, roles is at the discretion of the Director and Parent Liaison. If these changes require my student to give additional time working with the Musical Theater Program, I agree to work with the Parent Liaison to find a time agreeable for this to take place.

Parent 1 initials: _____ Parent 2 initials: _____

I have read and agree to the above statements.

Signature: _____

Signature: _____

QUESTIONS?
Please feel free to call or
email Becky McNulty

Phone (630) 783-8141
cbmcnulty@sbcglobal.net

Enclose your check made out to:
Becky McNulty

You may pay one semester at a time.

First Semester

\$140 for one child

\$25 for each additional child in the same family

TOTAL FIRST SEMESTER: _____

Second Semester

\$180 for one child

\$25 for each additional child in the same family

TOTAL SECOND SEMESTER: _____

TOTAL ENCLOSED AT THIS TIME:

\$ _____



Please return to Kingswood Academy or
mail to:

Becky McNulty
345 Knight Court
Bolingbrook, IL 60440

**PAYMENT AND
REGISTRATION ARE DUE
BY September 1, 2010**