

Hippodrome Theatre
2010 Teen Series Registration Form

In order to register, please fill out our registration form and mail it, along with the \$150 course fee to:
HIPPODROME THEATRE, ATTN: Marcia Brown, 25 SE 2ND PLACE, GAINESVILLE, FL 32601
or fax the form to **Marcia at 371-9130** or email at **marcia@thehipp.org**.

Contact Information:

Your Name: _____ Child's Name: _____

Grade: _____ Date of Birth: _____ Age: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Email: _____

Address: _____

Emergency Contact Person

Name: _____

Number(s): _____ Relationship: _____

PAYMENT

Course fee: \$150

PAYMENT METHOD:

Check MasterCard / Visa Discover American Express

Checks: Make checks payable to Hippodrome State Theatre

Credit Card

Card Number: _____ Expiration Date: _____

Security Code (For Visa/MC, it's the three digit number on the back of your card, after your account number, usually on the strip where you sign your name. For American Express, it is the four digit number on the front of the card): _____

Signature _____

*Final Payment is due at the first class. No refunds will be given after the first class.
If the balance is not paid by that time, the student forfeits their registration.*

HIPPODROME THEATRE, INC.

MEDICAL RELEASE FORM

I, _____, on this _____ day of _____ 2010, in consideration for affiliation or participation in the Education Department's Scene Study Course with the Hippodrome State Theatre, Inc., do hereby authorize personnel of the Hippodrome State Theatre, Inc., Public Health Service, physician, dentist, nurse or other health care provider to render such medical and dental care as may be necessary and medically indicated in my child(ren)'s case during the regularly scheduled class period starting on Tuesday, February 2, 2010, and ending on March 30, 2010, to my Child(ren)

(Name of Child)

as deemed necessary by a qualified practitioner.

I understand that such care will normally be rendered on a temporary (emergency) basis only, and that I may be billed for such care provided.

My child(ren) has(have) no known medical condition which might preclude or limit in any way his/her (their) participation in the activities scheduled by the Hippodrome State Theatre, Inc. during the period of activity.

I do hereby release from any and all claims, demands, actions or causes of actions, due to injury, illness, or death the Hippodrome State Theatre, Inc., its officers, representatives, and agents acting officially.

PRIVACY ACT NOTIFICATION

Under the authority of 5 U.S.C. Sec. 301, the information regarding your child(ren)'s health, medical condition and treatment is requested in order to verify any need to administer medication and to enable medical/dental personnel to diagnose and treat any emergency condition that may arise during the above referenced activities. Pursuant to the Privacy Act, 5 U.S.C., Sec. 552, the requested information will not be divulged without your written authorization to anyone other than Hippodrome State Theatre, Inc. personnel involved with the administration of the above referenced activities and medical/dental personnel requiring the information in order to effectively treat any medical/dental problem (emergency) which may arise. Disclosure is voluntary; however, failure to provide the requested information will preclude your child(ren)'s participation in the aforementioned activity.

List any known allergies (including food allergies) of child(ren):

List any medications or treatment currently being taken by child(ren):

What other medical information about your child do we need to be aware of?

Signature of Parent or Guardian

Date

Drop Off and Pick-Up Policy

DROP OFF

Drop off will occur on the front steps of the Hippodrome Theatre. Parents may drop off students at 3:15 p.m.

PICK UP

Pick up will occur on the front steps of the Hippodrome Theatre by 5:30 pm.

Our liability policy does not allow us to leave minors unsupervised on the premises. **Therefore, at 5:30 pm all children not yet picked up will be brought to the third floor education office.**

One of the education staff will remain with them until an authorized person comes upstairs to take them home.

Please sign this statement to indicate your acceptance of this policy:

Parent Signature

Date

Child(ren)'s Name(s):

VIDEO/IMAGE RELEASE FORM

The Hippodrome State Theatre may use photos or video tape of my child for archival, marketing, and/or civic programs.

I, the undersigned, hereby give my consent to the Hippodrome State Theatre to photograph or video tape productions of the classes and presentations. I am aware that parents of the participants photograph and video tape performances as well.

Print Actor Name

Actor Signature

Date

Print Parent Name

Parent Signature

Date

WE MUST HAVE THIS FORM ON FILE IN ORDER FOR YOUR CHILD(REN) TO PARTICIPATE IN THE PRESENTATIONS.