



Registration Form

Full payment must accompany this form:

Name: _____

Age (if a minor): _____

Street: _____

Town: _____

Zip: _____ Phone: _____

E-mail: _____

Guardian (for minors): _____

Work: _____ Cell: _____

Class Name : _____

Day/Time: _____

How did you hear of Play On? _____

<p>Emergency Contact: Who should we contact in the event of an emergency during class?</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Relationship: _____</p>

Signature: _____

Please sign publicity release and liability waiver 

Publicity Release

I, _____, hereby grant permission to Play On! Acting Studio, LLC to use my/my child's photo image and/or likeness in its promotional materials. I recognize that said materials are property of Play On! Acting Studio, LLC to be used at its discretion for purposes of marketing and promotion including, but not limited to, print media advertising, press releases, feature media/articles, radio and television news, and website. I waive any claim to royalty or compensation due for photo usage.

Signature: _____ Date: _____

Liability Waiver

I, _____, for myself / my child do hereby release, forever discharge and agree to hold harmless Play On! Acting Studio, LLC and its staff from any and all liability in the event of an accident incurred by the undersigned and/or the child participant while said is in class or on the premises or participating in any Play On! Acting Studio, LLC activity off/on premises.

Signature: _____ Date: _____

Payment Information

Workshops: Full payment is due prior to the first meeting. There are no refunds for workshops missed due to student absenteeism. If Play On! must cancel a workshop for any reason, payment in full will be refunded.

Initial _____

Remit payment to:

**Play On! Acting Studio, LLC
Cie Peterson
12 Arlington Road
West Hartford, CT 06107
860.677.0801**

www.playonacting.com