

Student Age (as of July 1) age 6-11 The Aristocats KIDS

age 12-18 The Lion King JR

OFFICE USE ONLY
AUDITION #

SMPAC YOUTH THEATRE REGISTRATION

Due to box office prior to auditions

Enrollment for SMYT is complete once you have paid your fee **and** we receive this form. Mail 901 15th Ave., e-mail, or drop at theatre. **Complete one form per student. If filling in online, download the file first, then type into it, then save it on your computer and email the saved file from its location.** Everyone who is enrolled receives a part in the production.

Cost: South Milwaukee residents are \$89 and non-residents are \$99.

1. STUDENT INFORMATION

Student Name: _____ Age (as of July 1): _____

Parent/Guardian Name(s): _____ Relationship: _____

Payee Name (only if different than parent/guardian): _____

Address: _____ Adult E-mail: _____

City: _____ State: WI Zip: _____ Secondary E-mail (optional): _____

Primary Emergency Phone: _____ Secondary Phone (optional): _____

Past performing experience: _____

Medical & other concerns: none or list: _____

Schedule conflicts if any (list dates): none or list: _____

We will be asking for parent volunteers to help with hanging posters, car wash, costumes, concessions, ushering, backstage help for **Junior Cast** and cast party organizers. Watch for sign up sheets.

2. Size of Student T-shirt included (choose one)
<input type="checkbox"/> Youth Small (6)
<input type="checkbox"/> Youth M (8-10)
<input type="checkbox"/> Youth L (12)
<input type="checkbox"/> Youth XL (14)
<input type="checkbox"/> Adult Sm
<input type="checkbox"/> Adult M
<input type="checkbox"/> Adult L
<input type="checkbox"/> Adult XL
<input type="checkbox"/> Adult XXL

3. ENROLLMENT POLICY & PHOTO RELEASE

I, the undersigned, agree to allow the individual named herein to participate in the activities indicated. I am aware and understand there may be potential risk inherent with participation in any recreation activity, and that the School District of South Milwaukee does not provide accident insurance and cannot assume responsibility for injury to any participants in the recreation programs. I further understand the eligibility requirements for the program as stated in the registration packet and that there is no transfer of fees allowed or refunds given unless the department changes a class. I also agree to allow publication of any photos taken of me or the participant(s) at any program of the South Milwaukee Youth Theatre.

Parent/Guardian signature: _____ Date: _____

Office only: Rcvd payment confirmation sent paper packet google

4. EMERGENCY TREATMENT PERMISSION

Your signature gives permission for medical or surgical treatment of your child by a physician and at a hospital for any medical or surgical treatment necessary in an emergency situation. I do hereby release the Board of Education, their officers, agents, and employees, from any and all actions, causes of action, liability, claims and demands upon, or by reason of any damage, loss, or injury which may be sustained by me or my child as a consequence of or in any manner resulting from said sponsored activity, except such as may arise from acts of gross negligence on the part of the Board of Education, their officers, agents, and employees. I further agree that if my son/daughter receives medical treatment and/or is hospitalized, his/her name shall be released to school district officials upon their request. Parent/Guardian signature: _____ Date: _____

5. PAYMENT: already paid online OR cash check (to SMPAC) charge credit now (V, MC, D, Am Ex) \$ _____ total

Name on card: _____ Signature: _____

Address if different than above: _____

Card Exp. (MM/YY): _____ CV code: _____ Card Number: _____