



Rocky Mountain Conservatory Theatre  
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 Golden, CO 80402  
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 Fax: (720) 306-2445  
 Email: Contact@RMCTonline.com  
 Website: www.RMCTonline.com

**RMCT PROGRAMS: PARENTAL PERMISSION AND RELEASE FORM**

I, \_\_\_\_\_, (parent's name) as parent/ legal guardian of \_\_\_\_\_, (child's name) hereby give my consent for participation in programs with Rocky Mountain Conservatory Theatre (RMCT). I assume all risks and hazards incidental to participating, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Rocky Mountain Conservatory Theatre (RMCT), their staff, volunteers, program venue location, and any sponsoring agency for any claim arising out of loss or injury that the participant might sustain while engaged in this program. I understand that insurance is not provided and that none of the sponsoring agencies / lessees / lessors are responsible for the medical condition of the participant listed in the space provided above.

In the event that I cannot be reached in an emergency, I give permission to the physician selected by RMCT to hospitalize and secure proper measures of treatment for the child named above. Medical bills will be the responsibility of the parent or guardian named above. If my child has an allergy or medical condition, I understand that I must provide any specific written details and/or medications to RMCT prior to their first day of participation, and if I fail to do so, my child will not have access to them.

I give Rocky Mountain Conservatory Theatre permission to use photographs or video footage taken of my child participating in class activities for any advertising, brochures, website, news releases, or any other media to promote or advertise future programs.

Rules for students are the same for everyone without regard to race, color, national origin, gender, or disability. I understand that all students will be treated as individuals and respect will be shown for a range of abilities and behaviors. The student agrees to abide by the rules and regulations set by the Directors for the health, safety, and welfare of everyone.

**Signature** of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SATURDAY ACTING CLASSES - REGISTRATION FORM**

Date of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Student Tuition: \$\_\_\_\_\_

Child Name (first): \_\_\_\_\_ Child Name (last): \_\_\_\_\_

Male or Female: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous theatre experience, if any: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Grade Enrolled In: \_\_\_\_\_

**Which Classes Is Child Registering In:**      **WINTER & SPRING 2012 SESSIONS**

AGES 6-10	___ Acting 101, <u>Session 1</u> (1/28-3/3)	5 Weeks / \$200.00 / 10:00 – 11:50 am
AGES 6-10	___ Acting 101, <u>Session 2</u> (3/10-4/14)	5 Weeks / \$200.00 / 10:00 – 11:50 am
AGES 11-17	___ Acting Conservatory (1/28-4/14)	10 Weeks / \$475.00 / 12:00 – 2:50 pm

Student's Residence, Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Parent #1:** Name: \_\_\_\_\_ Lives in household with child: Yes \_\_\_\_ No \_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent #2:** Name: \_\_\_\_\_ Lives in household with child: Yes \_\_\_\_ No \_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about Rocky Mountain Conservatory Theatre? \_\_\_\_\_

University Faculty / Staff - Please list your Department and Title: \_\_\_\_\_

**Emergency Contact Information:** In the case of an emergency, we will first attempt to contact the parents/guardians. If they cannot be reached, RMCT will contact the below authorized emergency contacts. *If I select not to provide RMCT with an emergency contact person, I realize that if parents/guardians cannot be reached, RMCT will not have a person selected by myself to contact.*

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please list any adult (*other than the parent/s / guardian/s listed above - both automatically have pickup authorization*), who is allowed to pick-up the student from RMCT (*including the emergency contact*):

\_\_\_\_\_

*Many parents would like for their child/children to be allowed to walk or bike home, walk to the LightRail or bus stop, walk to the campus office of a parent, or leave campus alone. If you would like for your child to have permission to do so, please indicate here:*

**My Child/Children has/have Permission to Leave RMCT's Supervision Independently:**  YES

**MEDICAL / HEALTH INFORMATION:** If child has medical concerns or allergies (other than medication allergies), please make sure to complete and return the Medical Information Form to RMCT prior to the first day of their program attendance; Form is available on RMCT's Website

Allergies or Medical Concerns of Student:  None  Yes, as follows: \_\_\_\_\_

\_\_\_\_\_

Activities Student Should Not Participate In: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Preferred Denver Hospital: \_\_\_\_\_

The tuition for Saturday Classes is to be paid in full by the first day of programming, and class tuition is non-refundable (see website for tuition payment details). If sending a check, please make it payable to: Rocky Mountain Conservatory Theatre (RMCT). I have read, understand, and agree to all of the conditions of this enrollment.

**Signature** of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_