JONESBOROUGH REPERTORY THEATRE EDUCATION PROGRAM

For more information, or if you have any questions, please contact jrteducation@gmail.com

In collaboration with

Jonesborough's Mary B. Martin Program for the Arts

JRT Class: _____ Class Cost: _____

Name of Student: _____

Date of Birth: ____/____/_____ Current Grade: _____

Parent/Guardian Name: _____

Contact Phone Number: _____ Alternate Number: _____

Mailing Address: _____

Email Address: _____

Other Individuals Permitted to Pick Up the Student: _____

List any Allergies (food, stings, medicine, etc.): _____

Does the student require emergency treatment for these allergies? **Y / N**
(If yes, additional paperwork will need to be filled out for our administration to keep on file.)

By signing below, the parent/guardian/participant shows they have read, understand, and agree with the terms on this registration form as well as the class schedule. Participants must commit to being consistently present, on time, and performing in the final class production.

By signing this form I (we) agree to the following: (1) program participant and any guests in his/her party will abide by the terms of this agreement at all times during the period of enrollment and will comply with all rules and regulations posted or otherwise communicated to participant, (2) in case of illness or injury, The Town of Jonesborough (TOJ) is authorized to secure emergency medical treatment at the participant's expense, (3) TOJ reserves the right to remove from the facility or terminate the membership/program enrollment of any participant who fails to comply with any posted rules and regulations or otherwise breaches the terms of this agreement, in which case participant will not be entitled to a refund, (4) program participant rights are not transferable and (5) grant permission for TOJ to make visual recordings of individual listed on this form for its responsible use, (6) no refunds can be given. LIABILITY WAIVER - I understand that use of the facilities and equipment at TOJ may involve risk of bodily injury or property damage and I agree to assume any such risks. I also understand and agree that by signing this agreement, I am giving up my right (or that of the minor for whom I sign) to make any claim against TOJ, its agents, employees, and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that I might suffer while using TOJ facilities and services, except as limited by law. EMAIL CONSENT - By including my email on this application I am opting in to receive emails from TOJ. We will never disclose your email address to anyone. PHOTO RELEASE - I hereby give permission for me or my child and artwork produced to be photographed/videotaped with the possibility of being used in publicity and commercial purposes for TOJ and I give exclusive right to these photos/videos to TOJ and waive all claims of compensation for usage. Class registration fees are non-refundable.

Signature: _____

Payment

We must *receive* the payment for the class by the final registration day, or the spot will forfeit to students on our waiting list. Payment may be made at registration or sent to: JRT Education, P.O. Box 585, Jonesborough, TN 37659.

Select: ☐ Cash ☐ Check : #_____