



www.lilbudstheatre.org

lilbudstheatre@gmail.com

Drummond Elementary Drama Classes Registration Forms

Basic Acting for ages 7-9yrs

Tuesdays 2:45pm -4:15pm

Through acting games and exercises, students will hone basic acting and theatre skills such as vocal production and character creation, and will master the art of creative collaboration.

Quarters 1, 2, 3 and 4 (each Quarter is a 6 week session)

Length -90 minutes

Tuition - \$100

Advanced Acting for ages 10yrs+

Thursdays 2:45pm - 4:15pm

More intensive acting training, with students working on creating original stories and plays and the art of improv. Students hone their performance abilities and learn to create original characters.

Quarters 1, 2, 3 and 4 (each Quarter is a 6 week session)

Length - 90 minutes

Tuition - \$100

Children names /ages

_____ / _____ / _____

Parents Names

Contact number/s

Email Address

(PLEASE NOTE, EMAIL IS OUR PRIMARY METHOD OF CONTACT - PLEASE WRITE CLEARLY AND ADD OUR EMAIL ADDRESS TO YOUR CONTACT LIST)

Does your child have any allergies or medical conditions we should be aware of?

I would like to sign up my child/ren for the following session/s...

Session	#of Students	# of Quarters (1, 2, 3, 4)	Total (#of students x # of Quarters x TUITION)
Basic Acting ages 7-9yrs <u>Tuesdays 2:45pm - 4:15pm</u> \$100.00 Q1 dates - 9/6, 9/13, 9/20, 9/27, 10/18 and 10/25 Q 2 dates -11/1, 11/8, 11/15, 11/29, 12/6 and 12/13 Q 3 dates -1/31, 2/7, 2/14, 2/21, 2/28 and 3/6 Q 4 dates - 4/17, 2/24, 5/1, 5/8, 5/15 and 5/22			
Advanced Acting ages 10+ yrs <u>Thursdays 2:45pm - 4:15pm</u> \$100.00 Q 1 dates - 9/8, 9/15, 9/22, 9/29, 10/20 and 10/27 Q 2 dates - 11/3, 11/10, 11/17, 12/1, 12/8 and 12/15 Q 3 dates - 2/2, 2/9, 2/26, 2/23, 3/1 and 3/8 Q 4 dates - 4/19, 4/26, 5/3, 5/10, 5/17 and 5/24			

GRAND TOTAL _____

Please include a **check** for the **GRAND TOTAL** amount made payable to **Li'l Buds Theatre Company**. Return registration forms with payment to **Drummond Elementary – ATTN: Jenny Lamb - Li'l Buds Afterschool Drama Classes**

Check # _____ Amount _____

Credit Card - Visa/Mastercard/American Express/Discover

Card # _____ Expiration date _____

CVC (last three digits on back of card) _____ Billing ZIP CODE _____

If you are late to pick up your child after classes, you will be charged a late fee of \$1 a minute (after a 5 minute grace period)

PLEASE NOTE THAT ALL PRESENTATIONS TAKE PLACE ON THE LAST DAY OF CLASS, 15 MINUTES PRIOR TO END TIME. MARK YOUR CALENDARS!

Questions or concerns or problems, please contact Li'l Buds Theatre Company at lilbudstheatre@gmail.com or 773.334.4543.

MODEL RELEASE AND AUTHORIZATION TO PHOTOGRAPH / VIDEO

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I hereby grant the undersigned photographer/videographer of **Li'l Buds** the irrevocable right and permission, throughout the world, in connection with the photographs they have taken of me, or in which I may be included with others, the following: (a) the right to use and reuse, in any manner at all, said photographs or video, in whole or in part, modified or altered, either by themselves or in conjunction with other photographs, in any medium or form of distribution, and for any purposes whatsoever, including, without limitation, all promotional and advertising uses, and other trade purposes, as well as using my name in connection therewith, if he so desires; and (b) the right to copyright said photographs or video in his own name or in any other name that he may select. I waive the right to inspect or approve any use thereof.

I hereby forever release and discharge **Li'l Buds** from any and all claims, actions and demands arising out of or in connection with the use of said photographs, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefit of the assigns, licensees and legal representatives of **Li'l Buds**, as well as the party(ies) for whom they took said photographs.

Please check:

_____ I represent that the model is a minor and that I am the parent or duly authorized representative of the model and that I have read the foregoing and fully and completely understand the contents hereof.

Date: _____

(Parent's Signature)

(Print Both Model's and Parent's Names)

Phone: _____

(Address)