

# Workshop Registration Form

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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



## **CLASS ACT I: Week Long Workshop—\$75 per person (for 12-18 years of age)**

An intensive program designed to allow students ages 12-18 the opportunity to develop their dramatic skills and appreciation for theatre by experiencing every artistic facet of it and working to put on a play the final day of the workshop.

## **One Day Mini Camp—\$25 per person (for 4-11 years of age)**

A one day camp for children 4-11 that will give them the opportunity to see a production, ask questions and partner with students from the older group for a short hands-on experience with several different design departments in the theatre. The children will be featured in the play that will be presented on Saturday.

**\*Please be sure your child has lunch before attending the One Day Mini Camp**

## **CLASS ACT II: Week Long Workshop—\$75 per person (for 14-19 years of age)**

Building upon the fundamentals learned in Class Act I, Class Act II is a more advanced, week long intensive focusing on the crafts of acting, directing, and producing. For ages 14-19, Class Act II students must have participated in Class Act I OR at least three school or community productions.

### **Please check the workshop you are attending:**

**Class Act I:**

July 17—22 (ages 12-18)

**One Day Mini Camp:**

July 22, 2023 (ages 4-11)

**Class Act II:**

July 24-29 (ages 14-19)

**Both week long workshops will be held Mon-Fri from 9am to 4pm. Saturday workshops will be from 11:30am to 6pm for Class Act I and 11:30am to 5pm for Class Act II. The One Day Mini Camp will be held on Saturday, July 22, 2023 from 12pm to 6pm.**

### **Method of Payment:**

\_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ Credit Card \_\_\_\_ Scholarship (please include completed scholarship form and letter of interest with registration)

If paying with Credit Card, please complete the following:

Type of Card: \_\_\_\_ Visa \_\_\_\_ MC \_\_\_\_ Discover \_\_\_\_ Amex

Card #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Exp. Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ CVV #: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card Billing Zip Code: \_\_\_\_\_



Please complete & return by July 3rd with form of payment to:

**PIT & BALCONY THEATRE**  
805 N HAMILTON ST  
SAGINAW, MI 48602

ANY QUESTIONS?  
CALL 989.754.6587 OR  
Email: [boxoffice@pitandbalcony.com](mailto:boxoffice@pitandbalcony.com)



**PARTICIPATION WAIVER AND RELEASE & PHOTO/VIDEO RELEASE**  
**MUST BE RETURNED UPON RECEIPT**

Pit & Balcony Theatre offers many unique experiences and opportunities that may only be available through a community theatre. As with any theatrical endeavor, however, there may be some risks involved in working on and/or with theatre productions and performing in plays. With this in mind, the Theatre respectfully requests that you consider and sign the following release and waiver.

In exchange for the opportunity to work on, be involved with, or perform in theatrical productions at Pit & Balcony Community Theatre, the undersigned hereby releases and waives all rights and claims against the Theatre for all losses, damages, illnesses, and injuries of any kind, except in the case of negligence on the part of the theatre. It is understood that there may be risks involved in working in the Theatre whether on stage or off and that these risks might cause losses or injuries of some kind. Recognizing that risks may exist, I none-the-less freely, knowingly and voluntarily sign this release and waiver.

This release and waiver expressly includes Pit & Balcony Theatre, its employees, volunteers, agents, subcontractors and assigns.

Without remuneration of any kind, I, \_\_\_\_\_ (name of participant), being competent and of legal age, hereby give PIT AND BALCONY THEATRE the absolute and irrevocable right and permission, with respect to my likeness, performance, and participation in its production of \_\_\_\_\_.

- a) To record/photograph my likeness, performance and participation
- b) To publicize the Communications or any portion thereof by any means, for any purpose whatsoever in whole or in part, including (but not by way of limitation), promotion, advertising, trade, etc.
- c) To use my name in connection therewith if it so chooses.

I acknowledge that PIT AND BALCONY THEATRE will be the sole owner of all rights in and to the Communications and the recording/photography thereof, for all purposes in perpetuity. I also hereby release PIT AND BALCONY THEATRE from any and all claims of any nature whatsoever which I could or might have against Pit and Balcony Theatre by reason of any fact or matter whatsoever.

Name \_\_\_\_\_ Date: \_\_\_\_\_  
Participant or Parent/Legal Guardian

Signature: \_\_\_\_\_



# Pit and Balcony Theatre

## Emergency Contact & Medical Information

Must be completed & returned upon receipt

Thank you for your participation in Pit and Balcony's Summer Youth Theatre Workshop, Class Act. We appreciate your efforts in this project. Please fill out the following form for our records. This information will be kept confidential and only used in the case of a medical emergency.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Emergency Contact Information:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Alternate Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Are you currently being treated for any medical condition(s)? If yes, please specify:**

\_\_\_\_\_

**Any allergies? (please include food allergies)**

\_\_\_\_\_

**Are you currently taking any prescription medication(s)? If yes, please specify:**

\_\_\_\_\_

**Have you recently received treatment for any major medical problems?**

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_