



**LEARNING AT THE LEVOY: SPRING 2019  
YOUTH REGISTRATION FORM (AGES 7 to 13)**

*(Please print neatly. All sections must be filled out completely and returned to the Levoy Theatre in order to be considered registered.)*

Student's Name: \_\_\_\_\_ Student's Birthdate: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

Parent/Guardian Phone: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Please check off all courses you want to register for. All courses run once a week for a seven (7) weeklong session beginning the week of April 7, 2019. For a complete class schedule, please refer to the calendar found at [levoy.net/classes](http://levoy.net/classes).

**Auditioning** | Professional Guest Artists\* | Saturdays 10-11:30am | Begins April 27th | \$140

**TOTAL COST:** \_\_\_\_\_

*\*Complete instructor listing found on our website at [levoy.net/classes](http://levoy.net/classes)*

**PAYMENT: A \$50 nonrefundable deposit is due upon return of this completed form.**

\_\_\_ **Charge my card.**

Circle one:      Visa                      Master Card                      American Express                      Discover

CC#: \_\_\_\_\_ Sec. Code: \_\_\_\_\_ Exp (mm/yyyy): \_\_\_\_/\_\_\_\_

\_\_\_ **Check enclosed. Please make all checks payable to "Levoy Theatre."**

**BALANCE OF TOTAL COST DUE BY STUDENT'S FIRST DAY OF CLASS.**

Please return this completed form by mail to: Levoy Theatre, ATTN Theatre Initiative Spring 2019, PO Box 678, Millville, NJ 08332 or deliver in person to our Box Office (open Tuesday-Saturday 10am to 6pm). Do not mail cash.



**LEARNING AT THE LEVOY: SPRING 2019  
EMERGENCY CONTACT AND MEDICAL EMERGENCY RELEASE FORM**

**Emergency Contact #1**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact #2**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

**Confidential Health Information**

Does your child have any previous or current medical conditions or injuries (e.g. asthma, bad back) that you would like us to be made aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child allergic to anything? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any dietary restrictions? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**LEARNING AT THE LEVOY: SPRING 2019  
PHOTO RELEASE FORM**

I hereby consent to the collection and use of my child’s image by photography or video recording.

I acknowledge these may be used on the Levoy Theatre’s website, in newsletters, and publications as well as distributed to members or on social media.

I further acknowledge that my child’s image may be used by the Levoy Theatre Preservation Society to promote the Levoy Theatre in the future.

I understand that no personal information, such as names, will be used in any publications or online mediums unless my express consent is given.

Parent/ Guardian’s Name: \_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_