



6328 East County Line Road #102
Highlands Ranch, CO 80126
720-44-DANCE
www.spotlightperformers.com

“TROLLS”- Thursdays 4-5 pm
A Musical Review (5-11 yrs)
Registration Consent Waiver Release Form
(A Musical Theatre Class: Oct 8- January 30, 2020)

Student's Name _____ Birthday _____
Address _____ Phone _____
City _____ State _____ Zip _____
Email _____ Parent's name _____
How did you hear about us? _____
Emergency Contact (besides parent) _____ Phone _____
Allergies or Special Needs we should know about: _____

Please make all checks payable to: Spotlight Performing Arts Center

Pre-Registration is required for this program and tuition must be paid in advance. Students must be officially registered for the program in order to get a part in the show.

_____ I wish to enroll my child in “TROLLS” (13- wk class- \$175 tuition is due with this registration form)

I understand that I am enrolling my child in a musical theatre class. “Trolls” will rehearse on Thursdays from 4-5 pm. I understand that NO refunds will be given once the production has been cast. Casting of this production is completely at the discretion of the directors. Students will be given roles that will most benefit them. Attendance is required and NO refunds will be given for missed classes. If too many classes are missed, roles may be taken away or reassigned. Tickets for the performances will be sold (\$10-15) to help cover performances expenses, costuming, and auditorium fees.

I authorize Spotlight Performing Arts Center to use my child's photo for publicity purposes without compensation. I understand my child's photo, name, voice, and likeness could appear in newspapers, posters to be hung around the city, web pages, press packages, and other media venues. I give permission to Spotlight Performing Arts Center to use these photos, vocal recordings, and other medium coverage for the duration of Spotlight Performing Arts Center's existence.

I hereby release Spotlight Performing Arts Center, LLC, Teresa Hill-Putnam, Ashley Walter, and any instructors therein for any injury or accident that may occur while my child and/or I am attending classes, workshops, activities, and/or performances. I authorize the staff of Spotlight Performing Arts Center to act in my behalf in the case of an emergency. I authorize emergency treatment to be given if qualified medical personnel consider treatment necessary.

I understand classes may be held in person or online at this time due to Covid-19. Spotlight will be monitoring the situation and will plan accordingly keeping all children as safe as possible. I understand I must fill out another Covid-19 form from Spotlight, and I will comply with the procedures set forth by Spotlight.

Parent Signature _____ Date _____