



OFFICE USE
Initial _____
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**YOUTH IMPROV TROUPE  
FALL 2017 Performance Class  
Showcase on Final Day of Class**

Performer's Full Name \_\_\_\_\_ Age on 9/16/17 \_\_\_\_\_ Circle: Boy / Girl  
 Parent's Guardian Names \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Email(s) \_\_\_\_\_  
 Check best phone to call in case of emergency  
 \_\_\_ Cell phone ( ) \_\_\_\_\_ \_\_\_ Home phone ( ) \_\_\_\_\_  
 \_\_\_ Work phone ( ) \_\_\_\_\_ \_\_\_ Other phone ( ) \_\_\_\_\_

**Questions**

Please fill out this section to the best of your ability, with explanations when necessary.  
 Does performer have any allergies? \_\_\_\_\_  
 Does performer require any regular medications? \_\_\_\_\_  
 Are there activities or exercises that performer should not do? \_\_\_\_\_  
 How did you hear about OSA Young Performer Program? \_\_\_\_\_

\$150 for returning performers; \$175 for new performers
_____ CHECK made to OnStage Atlanta _____ CASH _____ CARD paid online at
onstageatlanta.tix.com
<b>SPACE IS LIMITED ~ RESERVED ONLY UPON RECEIPT OF PAYMENT</b>

I, the undersigned, do hereby give my full consent for the above-named person, including minor(s) to participate in the OnStage Atlanta Young Performer production. I agree to hold harmless OnStage Atlanta and its officers, volunteers, and agents. Should any accident occur requiring medical care for my child, I give full consent to the representatives of OnStage Atlanta to administer first aid OR transport my child to a licensed physician.  
 Further, I hereby grant full permission to OnStage Atlanta to use photographs, motion pictures, recording and any other records of this event for any purpose whatsoever (full full names will not be included in any photo or video publicity).  
 I understand that the material fee will be paid on or before the date of the first rehearsal and is non-refundable. In addition, I understand that if my performer is not able to complete the rehearsals or performances when needed, I will notify OnStage Atlanta immediately so they may find a replacement.

\_\_\_\_\_  
 Signature of Parent/Guardian Date

**TEEN IMPROV TROUPE  
FALL 2017 Performance Class  
Showcase on Final Day of Class**

**Rehearsal & Performance Schedule**

List any time when Performer is NOT available to attend all or a portion of the following dates & times. Feel free to list conflicts in the spaces to the right or below the list in the space provided.

**REHEARSALS:**

September 30 from 3:15-4:45pm

October 7, 14, 21, 28 from 3:15-4:45pm

Nov 4, 11, 18 from 3:15-4:45pm

**SHOWCASE ON FINAL CLASS DAY**

Nov 18 at 4:00pm (students arrive at regular time of 3:15)

Late Pick Up Fee - While we understand that sometimes traffic or life can delay you, we must pay the instructors who stay with your child until you can get to OSA to pick them up. To do so, we will begin the following late fee:

	<b>Example</b>
End time + 10minutes: No charge	3:00-3:10: No charge
10-30minutes after time: \$20 flat fee	3:10-3:30: \$20
after 30 minutes: \$1 for every minute late	after 3:30: \$1 per minute

Thank you for understanding that our instructors are industry professionals and often must travel and prepare for shows and other commitments.

\_\_\_\_\_  
Signature of Parent/Guardian Date