

How did you hear about us? Returning Student Newspaper School Flyer Website/Internet Attending shows From a friend Other _____

1st CHILD: First & Last Name _____ M F

Age: _____ Birthdate (m/d/yr): _____ Current Grade: _____ School: _____

2nd CHILD: First & Last Name _____ M F

Age: _____ Birthdate (m/d/yr): _____ Current Grade: _____ School: _____

MAILING ADDRESS: _____ City: _____ Zip: _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN: First & Last Name: _____

Address same as above? Yes No Home phone: (____) _____ Cell phone: (____) _____

Occupation: _____ Work phone: (____) _____

2nd PARENT or 2nd ADULT for EMERGENCY CONTACT First & Last Name: _____

Home phone: (____) _____ Cell phone: (____) _____

Parents, are you a JT Alum? Yes No If so, what year did you graduate? _____

REGISTRATION INFORMATION:

Student First Name	Class or Camp Name	Day of Class	Cost of Class

METHOD OF PAYMENT: Check enclosed Cash
 Charge to my Credit Card : (Circle one) VISA AMEX MC DSC
Card account number: _____
Expiration Date: _____ Verification Code: _____
Is the credit card billing address the same as above? Yes No
If no: Billing address: _____ City: _____ Zip: _____

Sub-total: _____
Donation to scholarship fund (tax deductible): _____
Grand Total: _____

Parent or Guardian: Please Read and Sign This Release! Please note that all students must be toilet trained.

I agree on behalf of my child/children's participation in SDJT programs, the activities while on the premises is voluntary and at the sole risk of the undersigned. I assign to release and discharge SDJT from any claim, demand, injury, cost, or liability arising out of or resulting from my child's participation in the activities or the use of the premises in connection with the activities. I agree to indemnify, hold harmless, assume liability for and defend SDJT, its trustees, officers, employees, volunteers, members and agents from all costs and expenses, including, but not limited to: attorney's fees, reasonable investigative and discovery costs, court costs, and any other sums which San Diego Junior Theatre, its trustees, officers, members, employees, volunteers, members and agents may pay or become obligated to pay for injury, including death, to persons or damage to property, from our actions or omissions and arising from any cause, except for matters caused by the negligence or willful misconduct of SDJT while acting within the scope of duties of such relationship to SDJT.

As the parent or court-appointed legal guardian for the above named children, I hereby give my consent to SD Junior Theatre to obtain all emergency dental or medical care prescribed from a duly licensed physician (M.D.) or dentist (D.D.S.). This care may be given under whatever conditions are necessary to preserve life, limb, or the well-being of my dependent.

SIGNATURE (in ink) _____ **DATE SIGNED** _____

Concerns? SDJT strives to meet the diverse needs of all children. If your child would benefit from accommodations due to a medical condition, disability or other special circumstance, please check this box. Our Education staff will follow-up with you.

MAIL: 1650 El Prado, Suite 208 San Diego, CA 92101

email: registration@juniortheatre.com// FAX: 619-239-5048



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