**TEAM SHAKESPEARE REGISTRATION**

 **(Please complete separate forms for each student)**

(For your security, where your signature is required, you may print and sign after completion of this form and mail or fax form. Otherwise, your typed name will constitute your legal signature.)

|  |
| --- |
| **STUDENT NAME:**  **(check one) Male Female**  |
| **PARENT/GUARDIAN NAME:**  |
| **STREET ADDRESS:**  |
| **CITY, STATE, ZIP:**  |
| **DAY PHONE: EVENING PHONE:**  |
| **Parent/Guardian EMAIL: STUDENT’S DATE OF BIRTH: STUDENT AGE:** YEARS |
| **SCHOOL NAME AND ADDRESS:**  |

**Team Shakespeare Class: (ages 12 - 18) $295**

NOTES TO PARENTS:

* Auditions will be held on **February 5, 2017** from **6:00-7:30 PM**
* Classes run **Sundays,** **2-6 PM** from **February 12-May 15, 2017**.
* Class will be held at **Kansas City Young Audiences, 3732 Main St., Kansas City, MO 64111**
* Final performance TBD.
* Scholarships will be considered on a case-by-case basis.
* Full payment is expected at time of registration.
* A confirmation letter will be sent by email after registration materials and payment are submitted.
* There is a $25 fee for returned checks and declined credit cards.
* If a student needs to drop a class, there is a $25 non-refundable processing fee for enrollment. The remainder will be refunded up to one week prior to the start date.

**PAYMENT INFORMATION:**

****Check enclosed. Make check payable to Heart of America Shakespeare Festival.

 *(Please put camper name(s) on memo line)*

Credit Card *(Check type)* ****Visa ****MasterCard ****Discover ****American Express

Card #:**** Expiration:**** 3 digit CSC ****

Amount:$**** Signature: ****

**MEDICAL/EMERGENCY INFORMATION:**

List any medication(s) and dosage student is required to take: ****

****

List any physical challenges, special needs or health issues: ****

****

Parent/Guardian Name: ****Relationship to Student: ****

Emergency contact ****Relationship to Student: ****

*(if different from parent/guardian)*:

Emergency Phone: ****

**WAIVER AND PERMISSION:**

My child has permission to participate in the activities of Team Shakespeare. I understand that I will be responsible for the cost of any emergency medical care that may be necessary for my child while involved in these programs, and hereby consent to such emergency medical care. I understand that, in the case of any medical emergency, the teachers will contact the emergency contact listed as soon as possible.

The Heart of America Shakespeare Festival and its employees are not responsible for the loss of, nor damage to, any personal property brought by students or parents/guardians to any classes, rehearsals, or performances.

I give permission to have photographs and/or videos taken of my child during the class, which may be

used for the Heart of America Shakespeare Festival’s promotional and archival purposes.

Student Name: ****

Parent/Guardian Signature: **** Date: ****

Questions? E-mail mrapport@kcshakes.org OR call 816-531-7728.

**Please return completed Registration Form and payment to:**

Heart of America Shakespeare Festival

Attn: Matt Rapport, Education Director

3732 Main St.

Kansas City, MO 64111

OR

Fax to: 816-531-1911