



Please return this form along with payment to:
 Fantasy Theatre Factory 7069 SW 47th Street, Miami, FL 33155

Registration Form

PROGRAM SELECTION: One form per child. Classes are filled on a first come, first serve basis.

_____	THEATRE ALIVE! 1	\$105 (7 weeks)	Jan. 24–March 7, 2009 (Saturday)
_____	THEATRE ALIVE! 2	\$105 (7 weeks)	Jan. 26- March 9, 2009 (Monday)
_____	THEATRE ALIVE! 1	\$120 (8 weeks)	April 18 – June 6, 2009 (Saturday)
_____	THEATRE ALIVE! 2	\$120 (8 weeks)	April 20 – June 8, 2009 (Monday)

Student Name		Parent/ Guardian Name		
Date of Birth	Sex	Grade	School	
Address		City	State	Zip
Home Phone	Parent Work Phone	Parent Cell Phone		
Child's Doctor	Doctor's Phone	Allergies/ Medical Conditions		
Emergency Contact	Home Phone	Cell Phone		

Informed Consent and Release
 Authorization for Emergency Treatment

I, the undersigned, as the parent or legal guardian of the child listed on this application, in consideration of the request, give permission for my son/daughter to participate in Fantasy Theatre Factory's (FTF) The Factory Lab Programs and hereby assume full responsibility for all risk of injury or loss which may result in this activity, and hereby agree to hold harmless, release, and forever discharge FTF, its officers, agents, and employees from any and all claims and demand whatsoever which the undersigned or any third party may have acting under its behalf, by reason of any accident, illness, injury, or death, or damage to, or loss of, or destruction of property arising or resulting directly or indirectly from my son's/daughter's participation in the FTF's The Factory Lab Program.

I understand, agree, and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state to the best of my knowledge, my son/daughter listed on this application had no medical, physical, mental, or emotional health conditions that would hinder his/her active participation in FTF's The Factory Lab Program.

I understand that I am required to have accidental medical coverage for the child listed on this application and I verify that the information provided on my insurance policy is accurate and true.

In the case of an emergency and I cannot be reached, I authorize the staff of FTF to obtain whatever medical treatment it deems necessary for the welfare of my child listed on this application.

I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether my medical insurance would cover such charges and fees.

Acceptance: I have read, understand, and accept the Informed Consent and Release Authorization for Emergency Treatment, refund Policies, and Payment Schedule.

INSURANCE CARD? ___ Yes ___ No
 If the FTF office does not have a current copy of the front and back of your child's insurance card, please bring the card in to the FTF office to be photocopied.

CUSTODY ISSUES? ___ Yes ___ No
 If there are custody issues please provide copy of legal documentation of custodial rights or proof of custody.

PHOTO RELEASE: Permission for the FTF staff to photograph my child and to use the images in promotional materials related to *THE FACTORY LAB* program.
I DO NOT want my child to be photographed (initial)

LATE PICK-UP
 Students should be picked up no later than 15 minutes after the conclusion of program. After that time, FTF will offer courtesy child care at a cost of \$5.00 per quarter hour.
I have read this policy _____ (initial)

CLASS REFUND and CANCELLATION POLICY:
 Withdrawal from class prior to the first day results in a \$15.00 processing fee. No refunds or cancellations once program has begun, unless for medical emergencies with a note from a doctor. Minimum class size is 5 students, otherwise an additional fee of \$20 (Theatre Alive) and \$10 (Mini Arts Blast/ PNO) for operating cost will be applied. FTF reserves the right to alter or cancel scheduled programs as necessary. If FTF cancels a program, a full refund is issued.
I have read this policy _____ (initial)

 Parent/ Guardian Signature

 Date



Questions? Call Fantasy Theatre Factory at 305.284.8800 or email info@ftfshows.com