

2017 REACH Theatre Fall Registration

5 week program: Nov. 11, Nov. 18, Dec. 2, Dec. 9, Dec. 16 (Note: No rehearsal on November 25.)

Saturdays 9 am - 11:30 am · Ages 12 to 22 · Enrollment fee: \$95.00

Program location: ARIEL Theatrical, 320 Main Street, Oldtown Salinas

Please print!

Participant Name _____

Birth Date: _____ T-shirt Size (Adult sizing. Circle one): S M L XL 2XL 3XL

Parent / Guardian Name _____

Address _____

City _____ Zip _____ Phone _____

Email: _____

Participant's Medical Information: *Please note any essential medical information, including allergies.*

REACH Theatre strives to be as inclusive as possible. Our goal is to provide a program that is enjoyable to *all* of our participants, regardless of their special needs, while simultaneously insuring the safety of individuals and property. *By initialing below, I acknowledge the statements to be true.*

My child will be able to participate *without* the visible presence of a parent or guardian. _____

My child is able to signal his/her need to go to the restroom and is able to use the toilet independently. _____

My child is compliant and cooperative with adult and with teen volunteer supervision. _____

My child is able to participate within the context of a group setting. _____

My child does not exhibit injurious behavior to staff, property or self. _____

My child has no schedule conflicts* and will be *on time* for every rehearsal. _____

I agree that if my child is unable to meet the above criteria and / or presents issues unforeseen that would result in harm to the integrity of the program, his / her participation in this REACH Theatre offering will be reevaluated. _____

*** Schedule conflicts *must* be disclosed to Special Kids Crusade at the time of registration. Due to the project-based nature of this program, a participant's scheduled inability to attend every rehearsal may preclude participation.**

**Mail or drop off forms, with \$95 payment*, to: Special Kids Crusade
1900 Garden Road, Suite 230
Monterey, CA 93940**

***Make checks payable to Special Kids Crusade.** Registration is not accepted until payment is received. Space is limited. Registration closes as program fills. If registration is received after the program fills, your payment will be refunded in full. T-shirt sizes will not be guaranteed for registrations accepted after October 20. Sorry, no refunds for accepted applications. A limited number of partial scholarships are available, based on financial need. For more information, call (831) 372-2730.

REACH THEATRE LIABILITY / WAIVER AND PERMISSION FORM

I understand that my child must be healthy and reasonably fit in order to participate safely in program activities, and I will inform program staff of any ailment, condition, or injury that may affect his/her ability to participate safely. I do hereby certify that to the best of my knowledge and belief that my child is in good health.

I give permission for my child to participate in the REACH program named above. I understand that activities may involve certain risks of physical activity and possible injury and that staff and volunteers will provide each participant with reasonable care, but that Special Kids Crusade and/or its community partnering organization cannot guarantee that my child will remain free of injury. I nevertheless wish to have my child participate and I ASSUME the RISK of his/her participation. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS Special Kids Crusade, its community partnering organizations(s) and their respective staffs, volunteers, and boards, from any and all claim and/or cause of action arising out of and related to my child's participation in this program/event.

If an injury or other medical condition occurs or arises during my child's participation in this program/event, I hereby give permission to program staff or volunteers to provide first aid. In the event that I cannot be reached in such an emergency, I hereby give permission for the staff to seek emergency treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medial, surgical or dental diagnosis or treatment are considered necessary in the best judgment of the attending emergency medical personnel, physician, surgeon or dentist.

If such medical treatment is necessary, I agree to assume full responsibility for such actions, including payment of costs.

I certify that I have legal custody of and responsibility for the above named child. If I have joint custody of this child, I further certify that I have notified the other parent or responsible party of his/her participation in this program.

I acknowledge that I have carefully read this document and understand the information in it. I agree to each of the terms and acknowledgements above.

Parent Signature

Date

Printed Name

PUBLICITY/IMAGE/VOICE PERMISSION

REACH programs may be photographed, videotaped and/ or audiotaped for program promotional, fundraising and/or educational purposes. Your signature signifies your agreement to the use of these pictures, audio and/or videotapes for promotional, fundraising and/or educational purposes without compensation.

I agree to the above conditions and give permission for my child to be photographed, videotaped and/or audiotaped as part of the REACH program.

Parent Signature

Date