



# THE OLD GLOBE

## THEATRE TOTS REGISTRATION FORM

CHILD'S NAME: \_\_\_\_\_ Birthday: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Street

City

State

Zip

PHONE NUMBER: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_

PLEASE CIRCLE or HIGHLIGHT THE DATES THAT YOU WOULD LIKE YOUR CHILD TO ATTEND:

**May 12**

**June 2**

**July 7**

**August 4**

**May 19**

**June 9**

**July 14**

**August 11**

**May 26**

**June 16**

**July 21**

**August 18**

**June 23**

**August 25**

The cost per class is \$20.00 (non-refundable). A 10% discount applies for enrollment in three or more classes. We accept check or credit card payments. For credit card payments, please contact our office at **619-231-1941** and ask for Kim Heil. Please make checks out to "The Old Globe" and write "Theatre Tots" in the subject line. Send them, along with this form, to:

**The Old Globe**

**PO Box 122171**

**San Diego, CA 92112**

**Attn: Theatre Tots Registration**

Please note that there is a limit to our class size, so to ensure enrollment please register your child NO LATER THAN ONE WEEK PRIOR TO THE SCHEDULED CLASS. Your payment will also be due one week before your scheduled class. You may reserve a spot by contacting [GlobeLearning@TheOldGlobe.org](mailto:GlobeLearning@TheOldGlobe.org), but please note that you will lose your spot if we do not receive payment at least one week before the class. Thank you.



## **PARENT/GUARDIAN RELEASE FORM**

Child's Name (Please Print): \_\_\_\_\_

My child, named above, has my permission to participate in Theatre Tots. I understand that participation in this program is at my/his/her own risk and that The Old Globe is not liable for any injury sustained or responsible for any medical expenses incurred as a result of my child's participation in this program. I/we hereby further waive any and all liability or claims whatsoever against The Old Globe and its agents, employees, assigns, business associates, or insurers, which may in anyway arise from my child's participation in this program.

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Media Release**

I hereby give permission and consent to The Old Globe to use my child's photograph, image, likeness, or voice for promotion of The Old Globe in any media format, including, but not limited to, advertisements, video, print, television, and The Old Globe website. I understand that any such image shall become the sole and exclusive property of The Old Globe without any further compensation or consideration being due.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_