

ACT 2 (Actors Creating Theatre in 2 Acts)

C.L. Hoover Opera House

9th-10th-11th-12th Enrollment Form 2022-2023

135 W 7th Street, Junction City, KS 66441
785-238-3906

PERFORMANCE DATES:

APRIL 14th at 7:00pm and APRIL 15th at 7:00pm

Student Information is due NO LATER THAN January 31th 2023

RETURN THIS FORM TO THE C.L. HOOVER OPERA HOUSE

Name _____

Birthday _____ Current Age _____ 2022-2023 Grade in School _____

Health Information/Food Allergies/Special Needs _____

Address _____

City _____ State _____ Zip Code _____

Guardian Information

1st Parent/Guardian Name _____

Phone Number for contact _____

Email for contact _____

2nd Parent/Guardian Name _____

Phone Number for contact _____

Email for contact _____

Payment Information

It is \$125 dollars for ACT 2.

Scholarships are available to students on the reduced and free lunch program.

_____ My student participates in the free or reduced lunch program. **I understand there is a scholarship for my youth.**

Payment for ACT 2 due NO LATER than: February 28th 2023

Make checks to the CL Hoover Opera House with memo ACT 2 and Youth's name

* I agree to pay the \$125 fee on or before my student's first rehearsal

Parent/Guardian Payment Signature _____

ACT 2 Information:

Final Rehearsal Schedule will be given out during Auditions

Auditions: Late January/Early February (DATE TBA)

Parent/Guardian Signature _____ Date _____

«List names of those persons who you grant permission to pick up your student:

Name _____ Phone # _____

Name _____ Phone # _____

Participation Disclaimer and Permissions

It is important that both students and parent/guardian understand that negative, threatening or disruptive behavior, and late pick-ups from parent/guardian may result in removal from the class. If this does occur there will not be a refund of any fees paid into the program.

The Opera House reserves the right to remove any child from the program for the above-mentioned situations. No child will be asked to leave the program due to their race, gender, religion, or sexual orientation.

I agree to the above statements and terms

Parent/Guardian Signature _____

PROMOTIONAL VIDEO CONSENT FORM

On behalf of the ACT 2 program at the C.L. Hoover Opera House, I approve, in respect of any videos made, every effort will be made to ensure professional confidentiality and that any use of videos or descriptions of videos will be for professional purposes only, and in the interests of improving promotional growth of the ACT 2 and youth programs at the C.L. Hoover Opera House.

Please leave blank if you do NOT want to be included in any promotional photos or videos.

Dated _____

Student Signature _____

Parent Signature _____

