

REGISTRATION FORM

Call our offices at 845.210.4848 or complete this form and return to:
SHADOWLAND STAGES | ATTN: Academy | 98 Center Street | Ellenville, NY 12428

Student Name: _____

Date of Birth: ____ / ____ / ____ Grade: _____

Allergies/Medical Conditions: _____

PRIMARY Parent / Guardian Contact Information:

NAME _____

Relationship to student: _____

ADDRESS _____

PHONE (HOME) _____ CELL (PRIMARY) _____

EMAIL _____

EMERGENCY Parent / Guardian Contact Information:

NAME _____

Relationship to student: _____

PHONE _____

Please indicate any conflicts with class dates or times you are aware of (i.e., family vacations, sports)

_____ (continue on back if necessary).

PHOTO RELEASE: I hereby give permission for Shadowland Stages to photograph or videotape my child while at rehearsal or during productions related to their study at Shadowland Acting Academy. Photos/Videos will be used as part of marketing efforts related to Shadowland Stages and its Acting Academy.

Signed: _____ Date: _____

PARENT/GUARDIAN COMMITMENT: The safety of each student is our first priority. Students must be picked up on time. If someone other than the parent is picking up the student, the instructor must be told beforehand. Parents/Guardians authorized to pick-up student:

Signed: _____ Date: _____