



**Kaleidoscope Youth Theater
Student Registration 2018-2019**

Registration Date: _____

STUDENT INFORMATION

Name _____ ☐ M ☐ F **Current Age** _____

DOB _____ **Grade in Fall 2018** _____ **School** _____

Student contact (if applicable) **Phone** _____ **Email** _____

Special Considerations (Please check all those applicable): ☐ My child has no health restrictions.

☐ Allergies ☐ Food Allergies ☐ Diabetes ☐ Asthma ☐ Vision ☐ Hearing Impaired
☐ Behavioral/Special Needs, i.e. ADHD, Dyslexia, Aspergers, etc. If you checked a box other than "my child has no health restrictions," please list specific condition along with any helpful information for the staff. _____

☐ My student qualifies for the free/reduced lunch program at his/her school. *(This information is **NOT** mandatory and is only used for grant information and/or scholarship opportunities.)*

☐ **My student is ALLOWED** to sign his/her self out. ☐ **My student is NOT ALLOWED** to sign his/her self out.

Is this your first Kaleidoscope Drama School Class/Show/Camp? ☐ Yes ☐ No If yes, how did you hear about us? _____ If no, which Camp/Class were you in? _____

Please list other theater experiences _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name #1 _____ **Phone #** _____

Address _____ **City/ST** _____ **ZIP** _____ **Email** _____

Parent/Guardian Name #2 _____ **Phone #** _____

Address _____ **City/ST** _____ **ZIP** _____ **Email** _____

Emergency Contact _____ **Relation** _____ **Phone** _____

MEDICAL RELEASE, LIABILITY & ENROLLMENT AGREEMENT

MEDICATION: KYT will not administer any medications. This includes prescription drugs, aspirin, Tylenol, ibuprofen, or other medication of any kind. KYT is **authorized to give the following:** ☐ Band-aid ☐ Neosporin

IN CASE OF EMERGENCY, I authorize Kaleidoscope Youth Theater and its representatives to secure medical attention and care (*call 911 if needed*) in the event of illness or accident for the above named child. I understand that KYT personnel will contact me as soon as possible. Permission is also granted to the doctor or the hospital and their associates to perform the necessary medical and surgical procedures necessary for the child.

☐ I understand that I am responsible for all my child's personal injury and liability insurances and I am also responsible for any damage caused by my child to others OR KYT property. I accept full responsibility for all personal risks during my child's participation in Kaleidoscope programs.

☐ Consent is hereby given for the Student to participate in authorized KYT on and off campus performance activities (including radio, television, conferences, tours, promotional events, etc.) without compensation paid to the student.

☐ I grant KYT full use of Student's quotes, image, and/or voice, without compensation, in photographs, videotapes and sound recordings, created for authorized Kaleidoscope Youth Theater use including promotions, videotape and film projects, social media, broadcasts, and printed materials such as newspapers, magazines, books, brochures, catalogs, the KYT website, audiotapes, cd's, and other authorized educational, promotional, or fundraising activities.

Parent or Guardian Signature: _____ **Date:** _____

Name _____ Grade in Fall 2018 _____

2018-2019 CLASS SELECTION Please check the class & circle the session(s) Sessions: Sept. 10-Nov. 3, Jan.14-March 9, March 25-May 18

<input type="radio"/>	Monday 4:00-5:00	Musical Theater -Dance & Song for the Stage (5th-HS) (Fall-Lyrical, Winter- Jazz, Spring - Tap)
<input type="radio"/>	Tuesday 4:00-5:00	Acting & More (6th-H.S.) Fall Winter Spring
<input type="radio"/>	Wednesday 4:00-5:00	Drama Sparks Creative Dramatics! (K-2nd) Fall Winter Spring
<input type="radio"/>	Wednesday 4:00-5:00	Acting, Song, & Creative Dramatics! (3rd-5th) Fall Winter Spring
<input type="radio"/>	Wednesday 5:15-6:15	Fun with Improvisation (5th- High School) Fall Winter Spring
	**PIR Day/Workshops	<i>Costs: \$60/day OR \$50/day for STAR PASS HOLDERS</i>
<input type="radio"/>	Oct 8 (9am-4pm)	PIR Days (K-5th grade only) "Spookalicious Theater Funzees" Day 1
<input type="radio"/>	Oct 9 (9am-4pm)	PIR Days (K-5th grade only) "Spookalicious Theater Funzees" Day 2
<input type="radio"/>	January 21 (9am-4pm)	PIR Day (K-6th grade only) "Cabin Fever Creative Crafts & Characters"
<input type="radio"/>	April 11 (9am-4pm)	PIR Days (K-6th grade only) "Everything Grows Up" Day 1
<input type="radio"/>	April 12 (9am-4pm)	PIR Days (K-6th grade only) "Everything Grows Up" Day 2

PAYMENT RECORD	C.C./Check/Cash
*2018-2019 Theater Fee (\$25 for Ind, \$35 for Family, Fee Waived for STAR PASS)	\$ Date Pd
*STAR PASS \$600.00 (Individual) OR \$1100.00 (Family of 2) (**Must Be Purchased by September 10, 2018)	\$ Date Pd
*Fall Session Class(es) (\$135/Class X ____ Classes) OR (\$120/Class X ____ Classes with STAR PASS)	\$ Date Pd
*Winter Session Class(es) (\$135/Class X ____ Classes) OR (\$120/Class X ____ Classes with STAR PASS)	\$ Date Pd
*Spring Session Class(es) (\$135/Class X ____ Classes) OR (\$120/Class X ____ Classes with STAR PASS)	\$ Date Pd
*Full Year of Classes (\$360/Year X ____ Classes) OR (\$340/Year X ____ Classes with STAR PASS)	\$ Date Pd
*PIR DAY (\$60.00/Day X ____ Days) OR (\$50/Day with STAR PASS)	\$ Date Pd

Space is reserved once your form and payment has been received. Classes need a minimum of 6 students. PIR Days require 10 campers. There are no refunds or credits should you decide to withdraw from classes or PIR days.

Please e-mail a copy of the form to: kytadministration@gmail.com or send by mail: P.O. Box 3054, Bozeman, MT 59772.

Visit kytbozeman.org or call 406-587-3642 for more information.

PLAYERS PRODUCTIONS By Audition. As per Players' agreement, students are required to be registered and to attend at least 2 Sessions of classes during the 2018-2019 school year. Requirements MAY be waived at director's or KYT board's discretion.

For Office Use Only

Amt PD / Details/ Schol/Contract

<input type="radio"/>	Fall Show	Players Fee \$175 (Fee Waived for STAR PASS holders)	\$			
<input type="radio"/>	Madrigal	Players Fee \$175 (Fee Waived for STAR PASS holders)	\$			
<input type="radio"/>	Winter Show	Players Fee \$175 (Fee Waived for STAR PASS holders)	\$			
<input type="radio"/>	Spring Show	Players Fee \$175 (Fee Waived for STAR PASS holders)	\$			
	NOTES:					