Registration Form

Driftwood Theatre School

Course:

Student's Name:

Age: Grade: School:

Home Address:

E-mail: Cell:

Mother/Guardian: Cell:

Home Phone: E-mail:

Father/Guardian: Cell:

Home Phone: E-mail:

In Person Classes Only

Family Doctor: Phone:

BC Personal Health Care #:

Emergency Contact: Phone:

Guardian Signatures 1. 2.

Date:

AdditionalInformation

Past Involvement in Performing Arts:

Reading Ability:

Health Issues / Special Needs:

How did you hear about the Driftwood Theatre School?

Liability Agreement

I, , as the parent/guardian of
agree to hold harmless the Driftwood Players/Driftwood Theatre School, their officers, or staff from any claims or injuries sustained during drama classes, performances or rehearsals.

Signature: Date:

Publicity/Media Waiver

I hereby give my consent to Driftwood Players/Driftwood Theatre School to use the above-named student's image or audio in the form of a photograph, videotape, likeness or any other recording or reproductions for the following purposes without payment of any fee or charge:

(click on all boxes for which you grant permission)

- ☐ Instructional purposes
- ☐ live performances and performance screenings
- ☐ DTS publicity
- ☐ personal use by friends and family of students involved in class/production
- ☐ recorded performances posted to Driftwood Theatre School Online use

Signature: Date:

Please mail email to:

registrar.driftwoodts@gmail.com