

Class Registration Form

Please use one form per participant; may be copied as needed



Participant Name _____ Birth Date _____

Name of Guardian (if participant is under 18) _____

Street Address _____ City _____ Zip _____

1st Phone _____ 2nd Phone _____

Email _____

Class Title _____	Date _____	Time _____
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Waiver: I attest that I am physically capable of participating in the above programs for which I have registered and hereby release Gallery Players of Oregon from any responsibility whatsoever for personal injuries, damages, or loss of equipment resulting from participation.

Signature _____ Date _____

METHOD OF PAYMENT: () Check enclosed (made payable to Gallery Theater) () Cash
() Charge to my Credit Card: (Circle one) VISA MC DISCOVER
Card account number: _____
Expiration Date: _____ Verification Code: _____
Is the credit card billing address the same as above? () Yes () No
If no: Billing address _____ City _____ Zip _____
Please note that we cannot accept registration forms without payment.

****IF PARTICIPANT IS UNDER 18, PLEASE SEE OTHER SIDE****

Emergency Contact Last Name _____ First _____

Relationship to Participant _____ Phone _____

If I, _____ (*print name of legal guardian*) cannot be reached in an emergency, I authorize all medical, surgical, diagnostic and hospital procedures as may be prescribed by the treating physician for my child _____. I also understand that I will be responsible for any medical expenses incurred due to any class activity at Gallery.

Physician Name: _____ Phone: _____

Printed Name: _____ Signed: _____ Date: _____

Insurance Company Name: _____ Group or Policy Number: _____

MEDICAL CONCERNS:

() Please check here if your child needs special accommodation due to a medical condition or disability. If there is anything the staff should know regarding your child's condition, please call the Gallery box office at 472-2227 or include a written explanation with your registration form. We want to be aware of any special needs so that you and your child will have a positive experience at Gallery.

Allergies: _____

I release, forever discharge, and agree to hold harmless Gallery Players of Oregon, and the representatives thereof, from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damages and expenses of any nature whatsoever which may be incurred by my child in the course of participation in Gallery activities. I understand that my child may be photographed and/or video-taped during class and that those images may be used for the promotion of Gallery in printed material, video presentations and/or on the theater website.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE:

Credit Card () Check # _____ Cash Receipt # _____ Date: _____ By: _____