

The Shakespeare Corps 2017 Registration Form

please complete both sides

Student's Name: _____ Gender: M F
Birth date: ___/___/___ Parent/Guardian Name: _____
School: _____ Grade: _____
Street Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Student Email: _____ Guardian Email: _____
Parent/Guardian Signature: _____

CLASS SELECTION Select the series for which you are registering:

JUNIOR CORPS (ages 10-14) Monday – Friday* 1:00 p.m. - 6:00 p.m.

___ SESSION 1: June 26 – July 8, 2017 Returning Student \$700/New Student \$750 _____

___ SESSION 2: July 17 – July 30, 2017 Returning Student \$700/New Student \$750 _____

SENIOR CORPS (ages 14-18) Monday – Friday* 1:00 p.m. - 6:00 p.m. ***Audition required for all new Senior Corps students***

___ SESSION 1: June 26 – July 15, 2017 Returning Student \$875/New Student \$950 _____

___ SESSION 2: July 24 – August 12, 2017 Returning Student \$875/New Student \$950 _____

*Final performances for each program take place on the final Saturday of the session.

SHAKESPEARE SUMMER SAMPLER (ages 13-18) Monday – Friday* 10:00 a.m. - 1:00 p.m.

___ SHAKESPEARE SUMMER SAMPLER: July 17 – July 21 All Students \$300 _____

IMPORTANT INFORMATION:

Classes are filled on a first-come, first-served basis. Once a class has been filled, additional applicants will be placed on a waiting list and notified if a slot opens up.

All registration fees are **non-refundable**. Tuition and fees must be paid in full upon registration. Fees will only be refunded in the event that the requested class is cancelled or not available.

All classes take place either at the F.M. Kirby Shakespeare Theatre in Madison, NJ or The Shakespeare Theatre Support Facility in Florham Park, NJ.

Please return your completed registration form to:
The Shakespeare Theatre of New Jersey
Attn: Shakespeare Corps
3 Vreeland Road
Florham Park, NJ 07932

Or register on-line by visiting:
www.ShakespeareNJ.org/Education

BALANCE DUE \$ _____

PAYMENT OPTIONS

___ Check enclosed, made payable to "The Shakespeare Theatre of New Jersey"

___ Please charge my credit card.

Card Number: _____

Exp. Date: _____ Security Code: _____

Name as it appears on the card: _____

Signature Required: _____

If you would prefer to register and pay for classes over the phone, please give us a call at
973-845-6742

Acknowledgement and Waiver of Liability

I acknowledge that there are inherent risks associated and accompanied with stage combat, movement and theatre training activities and that I (or my child) may be injured as a result of an accident arising out of participation in the above mentioned activities.

In consideration for permitting myself (or my child) named above to participate in theatrical training activities, I release and hold harmless The Shakespeare Theatre of New Jersey and/or its employees, teachers, administrators, et al., from any and all liability including, but not limited to liability for injuries or damages sustained by the individual.

Insurance Waiver

I also understand that if my child is under 18, he or she must be covered by medical and/or accident insurance in order to participate in The Shakespeare Theatre of New Jersey's Educational Training Programs and hereby certify that my child is covered for injuries and/or death occurring as a result of participation in, or the practice for, all events as a student at The Shakespeare Theatre of New Jersey during the current training cycle. I also certify that said insurance will be kept in force during the full time that my child engages in the practice for or participation in events at The Shakespeare Theatre of New Jersey during the current training cycle. While insurance for participants over the age of 18 is not required, we *strongly* recommend that all of our participants carry insurance coverage.

Name of Insurance Company _____

Address of Insurance Company _____

Policy# _____

Registration and Cancellation Policy

All registration fees are **non-refundable**. Tuition balances must be paid in full on or prior to the first class date. Registration fees will only be refunded in the event that the requested class is cancelled or not available.

Photo and Video Release

I hereby understand and am fully aware that the student named above will be participating in activities conducted by the Education Department of The Shakespeare Theatre of New Jersey in which the student may be photographed or videotaped from time to time. I hereby irrevocably grant to The Shakespeare Theatre of New Jersey perpetually, exclusively, and for all media (hereinafter referred to as Property) throughout the world (including print, non-theatrical, home video, CD-ROM, DVD, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs, sound bites or video footage taken as a result of participation in classes, workshops and activities run by The Shakespeare Theatre of New Jersey. I also hereby agree that I will not bring or consent to others bringing claim or action against The Shakespeare Theatre of New Jersey on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on me or the student/participant named below, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. I hereby release The Shakespeare Theatre of New Jersey, its Board of Trustees, officers and all employees and agents, of these parties from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I may hereafter have against The Shakespeare Theatre of New Jersey in connection with the Property. This agreement shall not obligate The Shakespeare Theatre of New Jersey to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. The Shakespeare Theatre of New Jersey shall have the right to assign its rights hereunder, without my consent, in whole or in part, to any person, firm, corporation or organization.

Signature

I have completed all of the information requested above and hereby certify that I have read and agree to all of the statements listed above.

Signature of Guardian

Date