



CREATIVE TEENS THEATRE—SPRING PROGRAM

April 7–May 19 2021

Registration Form

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Grade: \_\_\_\_\_

PARENT/ GUARDIAN NAME(s): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_ School attending in Sept. 2020: \_\_\_\_\_

EMAIL (parent /guardian): \_\_\_\_\_ EMAIL (applicant): \_\_\_\_\_

How did you find out about Creative Teens Theatre?

\_\_\_\_\_

Briefly explain why you would like to join this program:

\_\_\_\_\_

\_\_\_\_\_

Do you have a previous experience in performing arts? If so, please specify

\_\_\_\_\_

\_\_\_\_\_

Please list what theatre forms you are excited to explore in the Creative Teens program:

- ( ) Mask Work
- ( ) Movement
- ( ) Clowning
- ( ) Vocal Techniques
- ( ) Sound Design
- ( ) Physical Theatre
- ( ) Role of the Director

Are there any dates that will conflict with your attendance in the Creative Teens Theatre program?

\_\_\_\_\_



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Do you have any allergies or medical conditions, or take any medications that you would like for us to know about?

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Do you have any physical conditions that could affect your participation in any way?

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How can we help making sure that your access needs are met?

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Do you have any dietary restrictions/allergies that we should know about?

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What's your favorite kind of pizza?

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(Full program schedule can be found on [artsclub.com/education/creative-teens-theatre](https://artsclub.com/education/creative-teens-theatre))

**\*Please note, if a student misses more than 3 classes, they may be asked to withdraw from the program.**



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## Recording Release

### for Children Under 18 Years of Age

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Arts Club Theatre Company  
BMO Theatre Centre  
203-162 West 1st Ave  
Vancouver, BC V5Y 0H6

I hereby grant to the Arts Club Theatre Company and to its employees, agents, assigns, and sponsors the right to photograph or videotape my dependent and use their photo and/or other such recordings of their physical likeness for publicity, publication purposes or promoting the Arts Club, whether in print, digital or electronic publishing via the Internet, as well as in any media now known or later developed.

I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings or materials.

Program Name: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that I am a custodial parent and have the aforementioned rights to assign.

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Date: \_\_\_\_\_