



## 2021 SUMMER REGISTRATION FORM

### **Student Information:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

### **Parent/Guardian Information:**

Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### **STEP ONE. Please select the session(s) for which you would like to register your child.**

- |   |        |
|---|--------|
| <input type="checkbox"/> KIDS SUMMER CAMP GRADES 2 <sup>nd</sup> – 5 <sup>th</sup> (July 12 <sup>th</sup> - July 16 <sup>th</sup> ) | \$1450 |
| <input type="checkbox"/> KIDS SUMMER CAMP GRADES 2 <sup>nd</sup> – 5 <sup>th</sup> (Aug. 9 <sup>th</sup> – Aug. 13 <sup>th</sup> )  | \$1450 |
| <input type="checkbox"/> TEEN INTENSIVE A: METHOD ACTING (July 12 <sup>th</sup> – July 23 <sup>rd</sup> )                           | \$2100 |
| <input type="checkbox"/> TEEN INTENSIVE B: AUDITION (July 23 <sup>rd</sup> – Aug. 6 <sup>th</sup> )                                 | \$2100 |
| <input type="checkbox"/> TEEN INTENSIVE C: CAMERA WORK (Aug. 9 <sup>th</sup> – Aug. 20 <sup>th</sup> )                              | \$2100 |
| <input type="checkbox"/> PART TIME TEEN METHOD ACTING (July)  | \$1850 |
| <input type="checkbox"/> PART TIME TEEN METHOD ACTING (August)  | \$1850 |
| <input type="checkbox"/> ONLINE TEEN METHOD ACTING (July)   | \$1350 |
| <input type="checkbox"/> Morning (9:30 am – 12:30 pm) <input type="checkbox"/> Afternoon (12:30 pm – 3:30pm)                        |        |
| <input type="checkbox"/> ONLINE TEEN METHOD ACTING (August)   | \$1350 |
| <input type="checkbox"/> Morning (9:30 am – 12:30 pm) <input type="checkbox"/> Afternoon (12:30 pm – 3:30pm)                        |        |

### **STEP TWO. Check preferred payment method.**

- CHECK OR MONEY ORDER (payable to The Lee Strasberg Theatre & Film Institute)
- CREDIT CARD PAYMENT (see Credit Card Authorization Form)

### **STEP THREE. Review policies and sign.**

By registering to the Young Actors at Strasberg program you are agreeing to the following terms:

1. Students may not start class until the tuition is paid in full.
2. The registration fee of \$150 is non-refundable.
3. Tuition cannot be refunded after the student has attended his/her first class.
4. By signing below, I hereby agree to the registration policies.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***Student Photography Release***

I do hereby authorize The Lee Strasberg Theatre and Film Institute (herein after referred to as "Promotional Rights") for the sole purpose of promoting, publicizing, advertising, etc. any past, present, future activity of The Lee Strasberg Theatre and Film Institute. I hereby waive all rights, title, and interest that I have in the use of said Promotional Rights in any form, literature, and other media now known hereafter discovered in perpetuity throughout the world used to promote, publicize, and advertise. The Institute receives no financial compensation for utilizing these Promotional Rights. I hereby release and discharge The Lee Strasberg Theatre and Film Institute, Inc. its officers, directors, owners, and agents from any claims or causes of action I may have against them arising in connection with the above reference Promotional Rights and their use.

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Name of Student \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***Student Medical Release***

I do hereby authorize The Lee Strasberg Theatre and Film Institute to seek emergency medical care for my child \_\_\_\_\_ should an emergency arise. I do understand that The Lee Strasberg Theatre and Film Institute will first make every effort to contact the parent or legal guardian prior to instituting such action. However, failure to make contact with said parent/legal guardian, we, The Lee Strasberg Theatre and Film Institute, will use every effort to ensure the safety and well-being of my child.

**\*\*Please note for in-person classes all students MUST show proof of their vaccination card or get a COVID-19 diagnostic test within 3 days prior to the first day of the registered program\*\***

***Medical/Emergency Information***

**HISTORY OF INJURY OR HOSPITALIZATION:** \_\_\_\_\_

**HEALTH CONDITIONS: (such as asthma, epilepsy):**

\_\_\_\_\_

**MEDICATION(S):** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

***Emergency Contacts***

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

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**Parent/Guardian Signature**

**Date**