



2021 FALL 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 GRADES 2 nd – 4 th (Group A) | \$1450 |
| <input type="checkbox"/> KIDS GRADES 5 th – 6 th (Group B) | \$1450 |
| <input type="checkbox"/> TEEN FULL DAY GRADES 7 th – 12 th (Method Acting + elective) | \$1800 |
| <input type="checkbox"/> TEEN HALF DAY GRADES 7 th – 12 th (Method Acting ONLY) | \$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 | \$1200 |
| <input type="checkbox"/> Morning (9:30 am – 12:30 pm) <input type="checkbox"/> Afternoon (12:30 pm – 3:30pm) | |
| <input type="checkbox"/> TEEN ELECTIVE ONLY (10:00 am – 12:00 pm) | \$1025 |
| <input type="checkbox"/> Singing for the Actor <input type="checkbox"/> Improv | |

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.

Name of Student

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 Teen classes all students MUST show proof of their vaccination card****

****For students in Group A or B, a weekly COVID-19 test MUST be taken prior to coming into the studio****

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): _____

Parent/Guardian Signature

Date