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Mail-in REGISTRATION FORM

**Practical Shakespeare with IU Theatre Professor Jonathan MIchaelsen**

**For Adults and Teens**

**October 10 – November 7, 2019**

**Thursdays, 5:10pm – 6:10pm**

Does Shakespeare scare you? Join this class and conquer your fears!

**Tuition**

**$150**

Registration refund available until September 26, 2019.

$20 charge for returned checks.

Check Number\_\_\_\_\_\_\_\_\_ (Make Checks Payable to Stages Bloomington)

Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade \_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_M \_\_F \_\_Other

Has your child participated in a Stages program before? Y / N

Parent/Guardian Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**if different than above**)

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies/medical conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about this class? (Circle all that apply) Email, Flyer, Stages website, Facebook,

Newspaper, Friend, Teacher, Parent, 4th St. Festival, Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list others authorized to pick up participant from class: Name / Cell Phone # / Relationship

(use back if needed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location:** Stages Bloomington NEW Classrooms & Rehearsal Studio at Artisan Alley, 222 W. 2nd Street, Bloomington.

**All communications will come to you via. info@stagesbloomington.com** Add us to your contact list. Watch your inbox!

And please email us at this address with questions and comments about registration, classes, or Stages in general.

**Participants will need:** Water bottle. Comfortable clothes and shoes. Backpack or tote to carry personal items. A great attitude and lots of energy to learn and have fun!

**COMPLETE your APPLICATION.**

**Deadline**: **Mail-In Application** must be **postmarked by October 1, 2019**

**Submit:** Completed Class Registration form. Signed Release form. Signed Code of Conduct form. Payment

Keep a copy for your files

**MAIL to:** Stages Bloomington. P.O. Box 5036 Bloomington, IN 47407

**DEADLINE: POSTMARKED by October 1, 2019.** Register Early. Space is limited.

**Stages Bloomington**

**Release Form**

**Photo/Audio/Videotape Release:**

I understand that audio recordings, photos, and/or videotapes may bepublished of the participants of Stages Bloomington Productions/Classes/Camps, including my child. I hereby give my permission to Stages Bloomington to use my child’s picture or image for any marketing or promotional purpose that benefits Stages Bloomington (including but not limited to television, all printed materials, internet, and social media). Photos and videos are the property of Stages Bloomington and its agents. I further agree that all such audio recordings, photos, images, or videotapes shall be the exclusive property of Stages Bloomington. I release and give to Stages Bloomington all rights of ownership and all rights to copy, and publish, and use such audio recordings, photos, and videotapes. I acknowledge and agree that Stages Bloomington may use any of the aforementioned materials for educational and promotional purposes, including but not limited to publication in brochures and other promotional materials and on the Stages Bloomington website.

**Medical Treatment Authorization:** In case of an emergency, I authorize Stages Bloomington to

take my child to the nearest medical facility and further authorize that facility and any of its staff or any

licensed physician to perform any medical treatment (such as admission to emergency department or

hospital, surgery, administration of medication, general treatment) upon my child. I/we agree to be fully

responsible for all costs of such treatment.

**Assumption of Risk and Release from Liability:**

In consideration of Stages Bloomington’s services rendered, and services to be rendered in organizing and

managing the “Production/Classes/Camp” and in consideration of the Child’s participation in the

Production/Classes/Camp, Child and Parent, acting for the Child, hereby:

1. State that they understand that certain risks are inherent in participation and that they fully accept

those risks. These risks may include, but are not limited to, such things as incidents and accidents

related to productions, adverse weather conditions, and other physical, mental, and emotional injury.

2. State that they understand that some of the assistants with the Production/Classes/Camp are parents

or students who may not be agents or employees of Stages Bloomington.

3. State that they fully understand the above risks and the scope of the activities involved in the Program

and agree to assume the risks of the Child’s participation in the Production /Classes/Camps, including

the risk of catastrophic injury or death.

4. Release and fully discharge Stages Bloomington from all liability in connection with the Child’s

participation in the Production/Classes/Camp, for or on account of any injury to or illness of the person

or death, or for account of any loss or damage to any personal property or effects owned by me.

**I HEREBY EXECUTE THIS TRANSPORTATION PROXY, MEDICAL**

**TREATMENT AUTHORIZATION, PHOTO/AUDIO/VIDEOTAPE RELEASE AND**

**ASSUMPTION OF RISK AND RELEASE FROM LIABILITY FORM.**

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_

Parent Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.O. Box 5036 www.stagesbloomington.com

Bloomington, IN 47407 info@stagesbloomington.com

6/2018

**Stages Bloomington**

**Participant Code of Conduct**

Stages Bloomington welcomes your participation! All participants are expected show

consideration and respect to everyone and to the property around you and must follow

this Participant Code of Conduct.

1. Be on time for classes, rehearsals, performances other scheduled activities.

Arrive early enough to be ready to begin on time.

2. Dress appropriately for each activity. All clothing must remain in good taste.

3. Use appropriate language and manners.

4. Respect Stages Bloomington instructors, leaders and participants.

5. Remember that we are guests in many of the venues we use for classes, rehearsals

and performances. Show respect for others who may be using other areas of the

facility.

6. Refrain from actions that could result in injury and/or damage to property.

7. Refrain from behavior that monopolizes the time of the instructor, director, or

other Stages Bloomington leader or that jeopardizes the Stages Bloomington

experience for other participants.

8. Participants are expected to stay in approved areas while at classes, rehearsal

facilities and all performance venues.

9. Be responsible for your own property and clean up after yourself.

10. Peanuts and nut products are prohibited at all rehearsals, classes, and

performances in order to keep all our participants safe.

I acknowledge that I have read the Stages Bloomington Code of Conduct and that I will

abide by these terms. I understand that failure to abide by these terms may result in

expulsion from this activity without refund and prohibition from future Stages

Bloomington programming.

Signed Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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