



The River Performing and Visual Arts Center  
*Serving children with special needs since 1996*



and  
**Theatre Under The Stars**

*present a*  
**MUSICAL THEATRE WORKSHOP - SOUTH PACIFIC**

**Saturday, March 20th, 2010 from 10am to 2pm**

**@ Theater Under the Stars located at 800 Bagby in Houston, TX 77002**

**REGISTRATION FORM**

Mail this completed form along with the \$25.00 Workshop Fee payable to: The River, 1475 West Gray, Houston, TX 77019. Please fill in all blanks with information or marked "N/A.". One form must be completed per child. If you have questions, please call The River, 713-520-1220. Fax 713-521-2358

*Please print legibly.*

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Ethnicity** \_\_\_\_\_ (For grant purposes.) **Child's Gender** \_\_\_\_\_ **Will any medicines be taken?** \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_

**Work Telephone** \_\_\_\_\_ **Home Telephone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Diagnosis, medical needs, all allergies, special equipment for mobility:** \_\_\_\_\_

Emergency Contact Name	Emergency Contact Phone #	Emergency Contact Relationship

**Workshop Fee \$25 per child: Financial assistance is available.**

I am enclosing payment in the amount of \_\_\_\_\_ (Do not mail cash.)

Please charge my credit card in the amount of \_\_\_\_\_  Visa  MasterCard  Discover  American Exp

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Exact name on credit card: \_\_\_\_\_ Signature \_\_\_\_\_

If you are requesting a scholarship, please contact our office, 713-520-1220 or [info@theriver.org](mailto:info@theriver.org) for more information.

**Policies**

**PHOTO AND VIDEO CONSENT:** I give my consent and permission to allow the child I have enrolled in the program to be photographed and/or videotaped to be used in brochures, advertisements, websites, and/or publications.

\_\_\_\_\_  
**Signature of Parent or Guardian**

**PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)**

I, \_\_\_\_\_, hereby WAIVE, RELEASE, AND DISCHARGE THE RIVER, its directors, officers, employees, volunteers, representatives, and agents, activity or event sponsors, and all other persons working on its behalf, from any and all liability for the personal injury of any kind which may hereafter occur to my child or ward, whose name is \_\_\_\_\_, due to his/her participation in any events sponsored by THE RIVER and TUTS. Such release of liability specifically includes, but is not limited to, **any liability arising from the negligence or fault of the entities or persons released.** This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I herewith release THE RIVER, THEATRE UNDER THE STARS, and HUMPHREYS SCHOOL OF MUSICAL THEATRE from liability and from any and all claims against the school authorities and/or their agents individually and collectively for any injuries which might occur while attending classes; also before and after classes while on school premises. I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL, BOTH INDIVIDUALLY AND AS THE PARENT OR GUARDIAN OF THE PARTICIPANT NAMED ABOVE.

\_\_\_\_\_  
 Participant's Name and Age

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date