

# The Not So Amateur AmATEURs

Support the theatre company that supports Kingston's young people!!!



\*\*\*Kingston's Young People's Non-profit Theatre Company\*\*\*



Write the specific program including the dates: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_

Phone Numbers: Home #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Full Mailing Address Including Postal Code: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Attending (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All email addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

**Allergies or Health Conditions Listed:** \_\_\_\_\_

**Health Card #:** \_\_\_\_\_

Do we have permission to use photographs taken to help promote the Not So Amateur Amateurs' Programs? Write Yes or No: \_\_\_\_\_

I understand that there are risks involved in any activity or program and I acknowledge that my choice to participate or register my child/self at the Not So Amateur Amateur's (NSAA) Program brings with it the assumption of those risks. I am aware of no physical or other reason why the named student should not participate in this program. I do hereby release the NSAA, its employees, Board members, and agents, including any facility or location where this program is held, from fault for injuries or damage due to participation in this program. I also understand that failure to give full and correct information on this form, or failure for a parent or child to follow the rules while attending a NSAA program can result in a termination of the student's enrollment without compensation. I also understand and agree that the NSAA does not offer refunds for programs not attended for any reason.

I hereby give permission for my child/ward \_\_\_\_\_ to participate in the classes, events and performances of the Not So Amateur Amateurs.

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

I agree to follow the rules and instructions given by the Not So Amateur Amateurs' staff. (Find general rules for the NSAA programs @ [www.nsaatheatre.com](http://www.nsaatheatre.com) on the members page – additional rules are given according to the group, location and program.)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Office Use Only

Total Amount for Program/s: \_\_\_\_\_ Paid Fee \_\_\_\_\_ - Cheque \_\_\_\_\_ - Cash \_\_\_\_\_ - Online \_\_\_\_\_

Total Amount: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Next Installment if Applicable: \_\_\_\_\_ Staff Initials: \_\_\_\_\_