

**LEEDS ARTS COUNCIL
STUDENT ACTING CLASSES
REGISTRATION FOR WINTER/SPRING 2020**

Name _____

Address _____

City/State/Zip _____

Boy Girl Grade during school year 2019-20 _____

Home phone _____ Cell phone _____

E-mail address _____

Parent/Guardian name _____

Work number _____ Emergency _____

List people who may pick up child or children _____

Is this your child's first theatre experience? Yes No

If Yes, what previous experience has he/she had? _____

Medical conditions or special needs _____

Please bring this completed Registration form, with a check or cash, and the Liability Release form to the first class on Tuesday January 7, 2020.

LIABILITY RELEASE FORM

As the parent and/or guardian of _____,
I, _____ do hereby release the Leeds Arts Council, Inc. and any
volunteer from any and all claims, liabilities involved with or arising from any form of
participation in the LAC Student Acting Classes. It is further agreed that no future claims will be
signed or served from any and all incidents arising from participation in or in connection with the
LAC, Inc. Student Acting Classes. By both parties signing, they are agreeing that they have read
and have understood such action taken by the Leeds Arts Council, Inc.

Signature of Parent/Guardian

Leeds Arts Council, Inc.