

HOPE MUSICAL THEATRE



HMT WORKSHOPS

@ Santa Rita Elementary School!!!

Exploring different Broadway musical numbers in each workshop!

SIGN UP TODAY!

DATES/TIMES: **TUESDAYS: 2:50pm - 5:50pm**
FEBRUARY 12 & 26 and MARCH 12

LOCATION: **Santa Rita Elementary School**
700 Los Altos Avenue, Los Altos, CA 94022

AGES: **Boys and Girls, 1st-6th Grade** ***SNACK PROVIDED***

There will be ADULT SUPERVISION at school dismissal time until the start of each workshop.

Performers will work on one song/scene & dance per workshop*

The last 10 minutes of the workshop the parents get to come and watch a mini show with costumes and all!

For more info visit; HopeMusicalTheatre.com or (650) 568-3332

TUITION: \$75 per workshop

Mail this portion with check to secure enrollment to:

Hope Musical Theatre
PO Box 3654
Redwood City, CA 94064

Circle your workshop choices: Each workshop has a mini show. You can sign up for 1 or more

TUESDAYS 2:50 - 5:50: • FEBRUARY 12 • FEBRUARY 26 • MARCH 12

Student's Name: _____ Grade: _____

Parent's Name: _____ School: _____

Mobile Phone: _____ Home Phone: _____

Email: _____

Address: _____ Enclosed: \$ ____ for __ workshops

City/State/Zip: _____

Please include Consent Form (next page) with Registration.

Confirmation will be emailed unless otherwise noted. No refunds unless workshop must be canceled.

HOPE MUSICAL THEATRE - 2013 SEASON
Parental Consent/RELEASE FORM

I hereby give consent for my son/daughter: (print child's name) _____ to participate in Hope Musical Theatre 2013 season.

I am aware that my child will be involved in the normal hazards of theatrical activities. In consideration of acceptance of this application, intending to be legally bound, hereby, for ourselves, our heirs, executors and administrators waive and release all rights and claims that may arise against Hope Musical Theatre, and any persons affiliated with this camp/workshop. I give permission to the director of Hope Musical Theatre to provide and approve immediate and responsible emergency care and transportation should it be required.

I give permission to the directors of Hope Musical Theatre to provide and approve immediate and responsible emergency care and transportation should it be required. Hope Musical Theatre reserves the right to dismiss campers without refund if either campers or parents interfere with the smooth operation of the camp/workshop program.

I hereby grant Hope Musical Theatre full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, internet, or photographs taken by Hope Musical Theatre and its agents of my child at Hope Musical Theatre.

I also authorize my son/daughter to participate in any athletic activities including dance or gymnastics during Hope Musical Theatre 2013 season and all rehearsals and or performances. I understand that with any athletic or physical activity, my son/daughter may risk physical injury. I release any liability or responsibility with Hope Musical Theatre and its instructors and choreographers.

HMT does not provide coverage through Workers' Compensation, and your own personal medical insurance is primary in case of bodily injury.

Please list any food allergies, health conditions, special needs, learning disabilities, behavioral issues, etc. of which we should be aware or that would better help us to understand your child: (please print clearly..)

EMERGENCY CONTACT:

Name: _____ Relation: _____ Phone: _____

"Hold Harmless Agreement" The undersigned agrees to defend, indemnify and hold harmless, Hope Musical Theatre and its officers, employees, servants and agents thereof from any and all claims, suits or actions for injuries to persons, including death, and damage to property of others or of the undersigned that may arise from or result in any way from the operation of this Agreement.

PARENT NAME: (print) _____

PARENT SIGNATURE: _____ DATE: _____

CARPOOL: Please list all people that have permission to pick up your child. _____ _____ _____ _____
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