

est. 1997
NO SQUARE THEATRE

TAP CLASS REGISTRATION

SESSION I TUESDAYS, OCT 22-JAN 28

NO CLASS NOV 26, DEC 24, DEC 31

STUDENT NAME _____

PARENT/GUARDIAN NAME/NAMES _____

ADDRESS _____

CITY _____ ZIP _____

EMAIL _____

AGE _____ GRADE LEVEL CHILD HAS COMPLETED _____

EMAIL _____

PREFERRED PHONE _____ EMERGENCY PHONE _____

TUESDAYS: 3:30-4:30 AGES 6-9 (GRADES 1-3)

4:30-5:30 AGES 10-13 (GRADES 4-8)

5:30-6:30 AGES 14-ADULT (GRADES 9-ADULT)

TUITION: 12 CLASSES \$150 (drop-ins \$20)

Tuition may be paid in total with registration on or before 10/22/2019

Tuition balance is non-refundable after 11/05/2019

A spot will be confirmed for a participant upon receipt of completed registration form and tuition.

No refunds will be made after the "non-refundable" date as outlined above.

Immunization and Photo Release forms must be included with registration.

In consideration of your accepting my registration, I hereby, for myself, my child(ren), my heirs, ex-
ecutors and administrators, waive and release any and all rights or claims for any damages I or my
child(ren) may have against No Square Theatre and all injuries sustained or suffered by myself or my
child(ren) at any given activity sponsored by No Square Theatre. I do hereby verify that I fully under-
stand and accept the preceding conditions to participate in TAP CLASSES.

SIGNATURE _____ DATE _____

TOTAL TUITION ENCLOSED \$ _____

CREDIT CARD# _____ EXP _____ AUTH. CODE _____

NAME ON CARD _____ BILLING ZIP CODE _____

Or Make checks payable to: NO SQUARE THEATRE

IF STUDENT IS UNDER 18 YEARS OF AGE

I, the undersigned, hereby give consent for student to participate in No Square Theatre TAP CLASSES Oct 22, 2019-Jan 28, 2020. In consideration of your accepting my registration, I hereby, for myself, my child(ren), my heirs, executors and administrators, waive and release any and all rights or claims for any damages I or my child(ren) may have against No Square Theatre and all injuries sustained or suffered by myself or my child(ren) at any given activity sponsored by No Square Theatre. I do hereby verify that I fully understand and accept the preceding conditions for permitting my child to participate in TAP CLASSES.

Signature

Date

Completed registration forms may be emailed to education@nosquare.org or mailed to:

No Square Theatre
PO Box 823
Laguna Beach CA 92652-0823

Questions and submissions should be sent to
No Square Theatre Director of Youth Education
Ella Wyatt at education@nosquare.org