

BEAT MAINSTAGE REGISTRATION / RELEASE FORM

ACTOR INFORMATION

ACTOR'S NAME: _____

ACTOR'S E-MAIL: _____ (BEAT INFO ONLY)

DATE OF BIRTH: ____/____/____ AGE _____

ACTOR'S CELL # _____

ACTOR'S TEE SHIRT SIZE YS YM YL AS AM AL AXL OTHER _____

SCHOOL: _____

IS TEXTING THE BEST WAY TO GET REHEARSAL OR
PERFORMANCE INFO TO YOU? Y N

IF YES, PLEASE LIST YOUR CELL PHONE PROVIDER _____

WHICH MAINSTAGE PRODUCTION _____



**PLEASE COMPLETE FORM AND
SEND IT WITH A \$ 100 DEPOSIT
(NON-REFUNDABLE, YET APPLIED TO TUITION)
TO
BEAT'S MAILING ADDRESS;
BEAT
PO BOX 6361
BEND, OR 97708**

**NEW BEAT STUDIO LOCATION:
1080 SE 9TH ST. STE 120**

BEATCHILDRENSTHEATRE.ORG OR 541-419-5558

PARENT / GUARDIAN INFORMATION

NAME _____

E-MAIL _____ (BEAT INFO ONLY)

CELL #: _____ HOME # _____

NAME _____

E-MAIL _____ (BEAT INFO ONLY)

CELL #: _____ HOME # _____

EMERGENCY PERSON _____

PHONE # _____

I, _____ GIVE BEAT PERMISSION TO INCLUDE PHOTOS
AND MY CHILD'S NAME IN SOCIAL MEDIA PROMOTIONS.

ANY MEDICAL NEEDS OF WHICH WE SHOULD BE AWARE?

LIABILITY, MEDICAL & PUBLICITY RELEASE
I, THE PARENT/GUARDIAN OF THE ABOVE NAMED PARTICIPANT, UNDERSTAND THE POSSIBILITY OF INJURIES RESULTING FROM BEAT ACTIVITIES. I HEREBY ACKNOWLEDGE AND ACCEPT ALL RISKS AND HAZARDS INCIDENTAL TO PARTICIPATION IN SUCH ACTIVITIES. I HEREBY RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS BEAT AND ITS DIRECTORS, EMPLOYEES AND AGENTS. I UNDERSTAND THERE IS NO HEALTH INSURANCE COVERAGE PROVIDED BY BEAT FOR PARTICIPANTS AND THAT SUCH COVERAGE CONSTITUTES A RESPONSIBILITY OF THE PARTICIPANT AND/OR THE UNDERSIGNED. I HEREBY CONSENT TO EMERGENCY MEDICAL TREATMENT OF PARTICIPANT TO ENSURE PROMPT TREATMENT, AND I UNDERSTAND THAT SUCH TREATMENT MAY BE PROVIDED BY EITHER A LICENSED PHYSICIAN OR TRAINED EMERGENCY CARE TECHNICIAN. I CONSENT AND AUTHORIZE BEAT TO TAKE THE PARTICIPANT'S PHOTOGRAPH FOR EDUCATIONAL AND/OR PUBLICITY PURPOSES.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE _____