

# SLT ACADEMY REGISTRATION

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Names of Parents/Guardians: \_\_\_\_\_  
\_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Primary Mobile Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Please check all classes desired:

**CAMP 200** (\$75)

**SOUND 400.** (\$50)

**SCENE 300** (\$50)  Fall  Spring

**EXP 300** (\$100)  Fall  Spring  Summer

**PRO 400** (\$150)  Fall  Spring  Summer

**ARTE 100** (\$75)  Fall  Spring

**ARTE 200** (\$75)  Fall  Spring

**APT 300** (\$95)  Fall  Spring

Tuition Paid to Struthers Library Theatre: \$ \_\_\_\_\_

Emergency Contacts & Phone Numbers:  
\_\_\_\_\_  
\_\_\_\_\_

Student allergies and wellness information:  
\_\_\_\_\_

**Registration and Medical policies:** If SLT is unable to contact a parent in an emergency, 911 services will be called. All expenses incurred are responsibility of the parent/guardian. Any images and/or recordings of my child/children made during the program may be used by the theatre without compensation. I agree, understand and accept these terms and policies. **ALL CLASS FEES ARE NON-REFUNDABLE.**

Parent Signature: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_