

SLT ACADEMY REGISTRATION

Student Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Names of Parents/Guardians:

Primary Email Address: _____

Cell Numbers: _____

Street Address: _____

City, State, Zip _____

Please check all classes desired – full academic year:

- IMPROV CAMP** (\$50) **ARTE 100** (\$175)
 IMPROV CLUB. (\$100) Moderators free **ARTE 200** (\$175)
 COMPETITIVE TROUPE (\$250)
 ACTING TROUPE (\$175)

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: _____

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