



Enrollment Form

Student Name _____

Grade Level _____ Check One: Male Female Date of Birth _____

School _____

Home Address _____

City _____

State _____ Zip _____

Student Email _____

Student Phone _____

Parent/Guardian _____

Work Phone _____

Home Phone _____

Fax Number _____

Cell Number _____

Parent Email _____

How did you hear about FLCT? _____

Select Class(es)

*Enter Class Information From Class Schedule
(Available at www.flct.org/classes)*

Class Name: _____

Quarter: ___ Day: _____ Time: _____ Price: _____

Additional Classes:

Class Name: _____

Quarter: ___ Day: _____ Time: _____ Price: _____

Class Name: _____

Quarter: ___ Day: _____ Time: _____ Price: _____

Class Name: _____

Quarter: ___ Day: _____ Time: _____ Price: _____

Payment Information

Total Tuition(s): \$ _____

Annual Registration Fee \$25: \$ _____

Suggested Donation: \$ 25

Add'l Donation \$ _____

Total \$ _____

Payment Type: Check # _____ or

Credit Card: MC Visa AX DSC

Card Number: _____

Exp. _____ 3 or 4 Digit Code _____

Name on Card _____

Signature (authorizing payment and enrollment) _____

Send Payment and Forms to:
FLCT Administrative Offices
 2542B East Sunrise Blvd., Fort Lauderdale, FL 33304
 Phone: 954-763-6882 Fax: 954-523-0507 Email: info@flctstar.org
 Website: www.flct.org



HEALTH FORM 2011-2012

EMERGENCY CONTACT INFORMATION			
Student:	First	MI	Last
Emergency Contact:	First	MI	Last
Relation:		Home Phone:	
Work Phone:	() -	Mobile Phone:	() -
Physician:		Phone:	() -

SURVEY	
1.	<p>Does the student have any health problems? (Check any that apply.)</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Food Allergies <input type="checkbox"/> Heart Disease <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Other: <small>(please specify)</small> </p> <p>If so, please list what special attention or considerations will she/he need:</p> <p>_____</p> <p>_____</p> <p>_____</p>
2.	<p>Does the student have any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____</p> <p>If so, is treatment required? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If so, please list steps to take on how to administer treatment:</p> <p>_____</p> <p>_____</p> <p>_____</p>
3.	<p>Is the student bringing any medication to class? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If so, please list all medication being brought to class and proper administration guidelines:</p> <p>_____</p> <p>_____</p> <p>_____</p>
4.	<p>Has the student had a tetanus booster in the last five (5) years? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Print Name

Parent / Guardian Signature (on behalf of minor/ward) or Student Signature (if over 18 years) Date



RELEASE, INDEMNITY, AND HOLD HARMLESS AGREEMENT 2011-2012

Student:	First	MI	Last
Parent/Guardian:	First	MI	Last

I, the student named above, being sui-juris and above the age of 18 years OR

I, the parent or legal guardian of the student named above...

...hereby grant permission on behalf of myself, child or ward, to enter the program known as **Fort Lauderdale Children's Theatre** conducted by **Fort Lauderdale Children's Theatre, Inc.**, presently located at 2542 B East Sunrise Boulevard, Fort Lauderdale, Broward County, Florida, or at any other locations wherein the Theatre is located, or any other location where the Theatre is conducting its performances, and to furthermore participate in all classes, production or any other related activities to be held during the enrollment period.

The undersigned, individual or on behalf of said ward, do, by this instrument release and discharge the **Fort Lauderdale Children's Theatre, Inc.**, of and from all actions and costs of action, judgments, execution, debts, dues, claims, and demands of every kind and nature whatsoever which against the **Fort Lauderdale Children's Theatre, Inc.**, I/we ever had or now have or which our heirs, executors and administrators have now or may hereafter have by reason of any injury sustained to me or to any child or ward while on the premises described above or at any other location wherein the Theatre may be performing, due to the negligence of the officers, agents, servants, or employees of the **Fort Lauderdale Children's Theatre, Inc.**, including any injury or property damage sustained in any vehicle or by any vehicle while being used in transporting us to and from any assigned location.

Furthermore, in further consideration of the Agreement, I, the undersigned on my own behalf of my minor ward agree never to institute any suit or action at law or otherwise against the **Fort Lauderdale Children's Theatre, Inc.**, or its employees, servants, agents, officers, and officials; nor institute, prosecute, or in any way aid in the institution or prosecution of any claim, demand, action, or cause of action for damages, costs, loss of services, expense, or compensation for or on another of any damage, loss, or injury, either to person or property, or both as agents or employees of the corporation.

Furthermore, I further agree on my own behalf and on behalf of my minor ward that in the event the individual named on the enrollment agreement suffers any illness or accident requiring emergency hospitalization or surgery while at **Fort Lauderdale Children's Theatre**, or any other utilized location, I hereby give my permission for any necessary hospitalization, medication, or surgery on recommendation of a medical doctor with the understanding that the staff or other representative of **Fort Lauderdale Children's Theatre** will contact me at the earliest reasonable time.

Additionally, the undersigned agree to indemnify and hold forever harmless **Fort Lauderdale Children's Theatre, Inc.** against any claim for damages, compensation or otherwise that may hereafter at any time be made or brought against **Fort Lauderdale Children's Theatre, Inc.** or by anyone on our behalf for the purpose of enforcing a further claim for damages on account of any injury sustained herein.

I realize that there will be unanticipated and unexpected situations which may arise during these activities and I assume for myself and/or my child or ward, all risk of injury to our person and/or property that may be sustained in connection with the associated activities on or about the premises or at any other authorized location: I further certify that me or my child or ward's attendance and participation in the stated activities is wholly voluntary and that we shall not in any way be considered as an employee, servant, or agent of **Fort Lauderdale Children's Theatre, Inc.**, its operators or sponsors.

I have read and understood the foregoing release, indemnity, and hold harmless agreement and do attest and agree to same by my signature hereunder.

 Parent / Guardian Signature (on behalf of minor/ward) or Student Signature (if over 18 years) Date