



Enrollment Form
 Return To Florida Children's Theatre
 2542B East Sunrise Blvd, Fort Lauderdale, FL 33304
 Fax: 954-523-0507 Email: info@flectstar.org

Student Information

Name: _____ Current Grade: _____
 Male ___ Female ___ Age: _____ Date of Birth: _____
 Cell Phone: _____ Email: _____

Parent Information

Parent 1: Name _____
 Address _____
 City _____ State _____ Zip _____
 Cell Phone _____ Work Phone _____
 Home Phone _____ Fax _____
 Email address _____

Parent 2: Name _____
 Address _____
 City _____ State _____ Zip _____
 Cell Phone _____ Work Phone _____
 Home Phone _____ Fax _____
 Email address _____

Special Circumstances (Divorce/Guardianship, etc) _____

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

Class: _____
 Session ___ Day ___ Time ___ Price ___

Additional Classes

Class _____
 Session ___ Day ___ Time ___ Price ___

Class _____
 Session ___ Day ___ Time ___ Price ___

Payment Information

Total Tuition Cost \$ _____
 \$25 Annual Registration Fee \$ _____
 Scholarship Amount \$ _____
 Discount Amount \$ _____
 Suggested Donation \$ 25.00
 Additional Donation \$ _____
 Total Due \$ _____
 Cash ___ Check # _____
 Credit Card Authorization Attached _____



CREDIT/DEBIT CARD AUTHORIZATION FORM

(all information required)

Name of Student _____

Payment for: **Class/Camp Tuition** **Production Fee** **Tickets**
(circle all that apply) **Production Extras** **Production Ad** **Donation**

Other _____

Cardholder Name: _____

Company Name *(if applicable)*: _____

Billing Address: _____

City, State, Zip Code: _____

PAYMENT METHOD

(all major credit cards accepted)

Card Number: _____

Expiration Date: _____

Security Code (3 digit code on back of card/4 on front of Amex): _____

Amount \$ _____

I hereby authorize Fort Lauderdale Children's Theatre, Inc (d.b.a. Florida Children's Theatre) to charge my credit card for full payment of all charges incurred by me and/or my child(ren). I understand that if a payment plan is approved, the first payment will be applied upon receipt and all subsequent payments will be applied as per the agreement.

Cardholder Signature: X _____ Date _____

Complete form and email, mail, or fax to:
FLORIDA CHILDREN'S THEATRE
2542B East Sunrise Boulevard • Fort Lauderdale, Florida 33304
Fax: 954-523-0507 Email: info@fctstar.org



HEALTH FORM 2016-17

EMERGENCY CONTACT INFORMATION			
Student Name:	<small>First</small>	<small>MI</small>	<small>Last</small>
Emergency Contact:	<small>First</small>	<small>MI</small>	<small>Last</small>
Relation:		Home Phone:	
Work Phone:	() -	Mobile Phone:	() -
Physician Name:		Phone:	

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

_____ **Print Parent/Guardian Name**

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

_____ **Date**



RELEASE, INDEMNITY, AND HOLD HARMLESS AGREEMENT 2016-17

Student Name:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">First</td> <td style="width: 33%; border: none;">MI</td> <td style="width: 33%; border: none;">Last</td> </tr> </table>	First	MI	Last
First	MI	Last		
Parent/Guardian Name:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">First</td> <td style="width: 33%; border: none;">MI</td> <td style="width: 33%; border: none;">Last</td> </tr> </table>	First	MI	Last
First	MI	Last		

I, the student named on the attached **Enrollment Agreement**, being sui-juris and above the age of 18 years...

OR

I, the parent or legal guardian of the student named on the attached **Enrollment Agreement**, hereby grant permission on behalf of myself, child, or ward, to...

...enter the program known as **Florida Children's Theatre** conducted by **Fort Lauderdale Children's Theatre, Inc.**, presently located at 2542B 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