



Class Enrollment Form
Return to FLCT -
INFO@FLCTSTAR.ORG

Personal Information

Student _____ DOB _____ Age _____

Gender _____ School _____ Grade _____

Student Cell _____ Student E-Mail _____

Home Address: Street _____ Apt. _____

City _____ State _____ Zip Code _____

Parent 1 _____ Phone _____

Parent 1 E-Mail _____

Parent 2 _____ Phone _____

Parent 2 E-Mail _____

Please specify special circumstances (Guardianship, divorce, etc.) _____

Classes

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

Class Name: _____ Location: Broward College or Galleria (Circle One)

Session _____ Day of Week _____

Price \$ _____ Minus Approved Discount/Scholarship \$ _____ = \$ _____

Class Name: _____ Location: Broward College or Galleria (Circle One)

Session _____ Day of Week _____

Price \$ _____ Minus Approved Discount/Scholarship \$ _____ = \$ _____

Suggested Donation - \$25.00 or Other Donation Amount = \$ _____

Total Due = \$ _____

Credit Card Form Attached _____ Cash _____ Paid on-line _____ Check # _____

Florida Children's Theatre
3501 Davie Road, Bldg. 5-101, Davie, FL 33314 • 954-763-6882 • info@flctstar.org
Business Manager: Melanie Hale melanie@flctstar.org • Program Director: Lauren Formica lauren@flctstar.org
Education Director Melissa Hall Melissa@flctstar.org



STUDENT'S NAME _____

AUTOMATIC CREDIT/DEBIT CARD AUTHORIZATION FORM

(all information required)

Payment Method

(all major credit cards accepted)

Cardholder Name: _____

Card Number: _____

Expiration Date: _____

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

I hereby authorize **Florida Children's Theatre, Inc.** to charge my credit card for full payment of all charges incurred by me and/or my child(ren).

Cardholder Signature: **X** _____ Date _____

Complete form and email to:

Melanie@flctstar.org



RELEASE, INDEMNITY, AND HOLD HARMLESS AGREEMENT 2024 - 2025

Student Name:	First	MI	Last
Parent/Guardian Name:	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 3501 Davie Road, Bldg. 5-101, Davie, 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



HEALTH FORM 2024 - 2025

EMERGENCY CONTACT INFORMATION			
Student Name:	First	MI	Last
Emergency Contact:	First	MI	Last
Relationship:		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?	<div></div> <div></div> <div></div> <div></div>
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.	<div></div> <div></div> <div></div> <div></div>
3. Is the student bringing any medication to class/camp?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If so, please list all medication being brought to class/camp and proper administration guidelines.	<div></div> <div></div> <div></div> <div></div>
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



COVID-19 WAIVER

Any public location where people are present provides an inherent risk of exposure to COVID-19, an extremely contagious disease that may have serious, even fatal, health consequences. By attending programming at Florida Children's Theatre, you voluntarily assume all risks related to exposure to COVID-19.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____