

2024-25 Registration Form

STUDENT'S FULL NAME: _____

PARENTS/GUARDIANS: _____

CELL NUMBER: _____

ADDRESS: _____

E-MAIL: _____

AGE: _____

DATE OF BIRTH: _____

GRADE (as of Sept. 2024) _____

ABC Class: _____

Medical Release

I give my permission for **A Broadway Kids Company** to attain emergency medical treatment for my child in the event I cannot be reached. In case of medical emergency where I am not immediately available, I authorize **ABC** staff to take all actions reasonably necessary to preserve and protect the health of my child. **ABC** will not be held responsible for any costs associated with any medical treatment and parent will provide medical insurance information with **ABC** for emergency purposes.

Refund policy

No refunds will be given.

Photo Release

I authorize **A Broadway Kids Company** to use my child's photo/and or video in promotional & educational materials without identification or notification.

Waiver

I realize that while **A Broadway Kids Company** endeavors to take reasonable and appropriate safety precautions, participation in supervised lessons, auditions and rehearsals involve some risk of injury. I hereby release and hold harmless Jody Nichols and all its principals, agents, contractors, and employees of and from any actions, claims, and damages of any kind, on account of injuries of any type or nature incurred in connection with my child's participation in this program. I understand the 2020 protocol, and have complete understanding of the precautions taken by **ABC**.

Signature of Parent or Guardian: _____ Date: _____