



"BROADWAY STAGED CONCERT SELECTIONS" REGISTRATION FORM

Name _____ Age _____ Date of Birth _____

Address _____ Telephone # _____

Cast Member's E-mail _____ Parents E-mail _____

REHEARSAL SCHEDULE CONFLICTS

Dates _____ Reason _____

Dates _____ Reason _____

Dates _____ Reason _____

1. If cast, I will attend every rehearsal except for previously listed commitment, illness, or emergencies.

Yes No

2. I understand that if I miss rehearsals not listed under scheduled conflicts I may be removed from my part.

Yes No

3. I agree to not audition for any show which could conflict with "BROADWAY STAGED CONCERT SELECTIONS".

Yes No

4. I understand the tuition fee is \$350 and there are **NO REFUNDS**.

Cast Member's Signature

Cast Member's Printed Name

(If under 18yrs) I give permission for _____ (print neatly) to participate in "BROADWAY STAGED CONCERT SELECTIONS". I have read, understand, and agree to the stipulations listed above.

Parents: I also understand I am responsible for my child's transportation and will make sure he/she arrives at least **5 minutes prior to the scheduled rehearsal start**. I will leave a message at **203-494-1633** at least ½ hour prior to start time if my child cannot attend a rehearsal for any reason, except those listed as conflicts.

Hold Harmless

By submitting this application and waiver, you release Wagner Iovanna Studio Productions and its affiliates and employees from all claims related to any injury which may be sustained by you or your child while attending any of our workshops, performances, rehearsals or events associated with Wagner Iovanna Studio Productions. You affirm that you currently have and will continue to carry proper medical, health, hospitalizations, and accident insurance, which you consider adequate for you and your child.

Photo Waiver

We would like your permission to use you/your child's photo in our advertising, including but limited to social media, print media and possible TV.

Parent's Signature

Parent's Printed Name