

Acting Class

GIFT GIVER PRODUCTIONS

REGISTRATION FORM

Full Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Emergency Contact Information

Emergency Contact Name _____

Relationship _____ Phone Number _____

Class Details

Class Type: ☐ Workshop ☐ Youth class ☐ Teen class

How did you hear about us? _____

Specific goals for class? _____

Health Information

- Do you have any existing medical conditions or injuries? _____
- Food allergies? _____

Payment options

Pay with Zelle: Send to: (310) 902-4177 Michelle Mureaux (No service fee)

Pay with Venmo: Send to: @Michelle-Mureaux (No service fee)

Parental Consent: I, _____, hereby authorize my child to participate in Gift Giver Productions programs. Including acting classes, acting workshops, rehearsals, shows and camps. I further authorize making use of any films, photographs, or other recordings of these activities for any purpose that GGP may make or authorize to be made without compensation to my child or me. I also authorize use of my child's name or photograph, video in publicity information pertaining to the classes/shows. This includes video/print, internet (Facebook, YouTube, Twitter, website).

Signature: _____ **Date:** _____