



**Setting
the Stage
With
Helen Kearney Konen**
**Acting Class
Children and Teens**

Student Name: _____

Address: _____

Phone: _____(home) _____(alt)

Email: _____(parent) _____(student)

Class Title and Day: _____

Grade: _____ **Age of Child:** _____

Parents: *I look forward to providing your child with an exciting, fun, and safe class experience. We do not participate in any dangerous physical activities. However, in the event of an emergency, please provide me with the following information:*

Parent's Names: _____

Phone: _____(home) _____(work) _____(cell)

Emergency Contact: (other than parent) _____

Phone: _____(home) _____(alt)

Insurance Company; _____ **Policy Number:** _____

Students' health concerns or allergies (food, drugs, etc.): _____

If parents or emergency contact cannot be reached, I authorize Helen Kearney Konen to seek medical assistance for my child. I agree to hold Helen Kearney Konen and Theatre Charlotte harmless for personal illness or injury. My child agrees to exercise care in the facility and I agree to reimburse Theatre Charlotte for any personal breakage, damage, or loss of property due to his/her negligence.

Parent/Guardian Signature & Date: _____

TO REGISTER:

Please send this form with a non-refundable deposit of \$75 (applied to tuition) to secure seat in class.

Make check payable to: **Helen Kearney Konen**
And send to: 2936 Saintfield Place
Charlotte, NC 28270
Questions? Call: 704 540-7781