

PrimaDonna Productions, Inc

8603 Crownhill, Ste. 30
San Antonio, TX 78209

Student Registration Form:

Spring Break 2010 Acting Program

- *Film & Commercial Acting*
- *Monday, March 15 - Friday, March 19*
- *12:30pm - 5:30pm*



Student (First Name)

Student (Last Name)

Parent or Legal Guardian (First Name)

Parent or Legal Guardian (Last Name)

Address

City, State, Zip

Home Phone

Cell Phone

Work or Alternate Phone

Email Address

Age of Student

Grade in School

School Name

Previous Classes, Theatre, and/or Film Experience (*attach headshot/résumé if applicable*):

Behavioral, medication, or other information that the instructor should know about
(*failure to disclose this information may result in the student not being allowed to continue in the program*):

Health Insurance Provider

Policy Number

Telephone Number

Please attach a copy of your child's insurance card

Enrollment and Payment Terms

- The goal of the PrimaDonna Performing Arts Program, a subsidiary of PrimaDonna Productions, Inc. (Acting Program) is to provide a structured curriculum for school age students toward improving their poise and self-confidence while teaching them some on-camera/on-stage acting techniques and general information about the business side of the entertainment industry, as well as provide opportunities to showcase for and receive feedback from local industry professionals. I agree that the PrimaDonna Performing Arts Program is not a Career School and that PrimaDonna Productions, Inc. makes no representations or warranties of any kind concerning any future acting career for any participant in the Acting Program.
- I understand that if the Acting Program determines that my child is disruptive to the Acting Program or presents a safety risk to himself/herself or other participants, then the Acting Program in its sole discretion may dismiss my child from all or part of the Acting Program and I will not be entitled to any refund.
- This enrollment is not effective and the Acting Program will not proceed unless at least 3 students are enrolled and paid in full prior to the first day of any given session.
- All fees must be paid in full on or before the first day of the session via check (made payable to PrimaDonna Productions, Inc.), cash, or money order. Credit card payments are accepted via PayPal via our website or by request to chadd@primadonnaproductions.com. Please note that there is a \$35 return check fee policy. The Acting Program may dismiss my child from the Acting Program if payment is not made in a timely manner.

Student Release and Indemnity

- I am the parent or legal guardian with authority to enroll the student in the Acting Program and grant permission for my child to participate in the Acting Program and all its activities, unless I notify the Acting Program otherwise in writing.
- I agree that my child may be filmed and photographed for the purposes of the goal of this class, as well as for marketing purposes (print/online in perpetuity without compensation) for the Acting Program, unless I notify the Acting Program otherwise in writing.
- I agree that there will only be a full refund given in the event that the program does not make as explained above.
- I agree that if my child needs to miss a class or will be tardy for any reason; I will be responsible for notifying the Acting Program in a timely manner.
- I understand that the Acting Program will provide reasonable supervision and exercise reasonable care with safety of all participants as its primary goal.
- I agree that I will be the responsible party dropping off and picking up my child, unless I notify the Acting Program.
- I agree that, having taken such precautions as in PrimaDonna's discretion is deemed advisable, the Acting Program staff members will not be held responsible for any sickness or accident to my child.
- In the event of illness or injury of any kind, the Acting Program will exercise reasonable care and will use adult discretion in contacting me at the phone numbers I have provided on this form. If the Acting Program believes that medical attention is warranted, I hereby authorize the Acting Program to take my child to a medical facility and to consent to medical care and treatment of my child, including permission to consent to hospitalization, injection, anesthesia, or surgery if necessary. I further agree that I will be solely responsible to pay for all medical care and treatment of my child, including without limitation any consented to by the Acting Program.
- I hereby agree that my child is not covered by any insurance by the Acting Program.

By my signature below and my child's participation in the Acting Program, I waive, release, and discharge any and all claims I may have or could assert or may acquire or could assert in the future, known or unknown, at law, in equity or otherwise, against PrimaDonna Productions, Inc., Monique "Nikki" Young, its stock holders, staff, employees, landlords, contractors, and each of their assigns, from any claim made or asserted by any other arising from or relating to my child's participation in the Acting Program.

I, the undersigned, have read this form completely and agree to all terms in it.

Signature

Print Name

Date