

Preferred method of registration is online at: www.planocommunitytheatre.org or www.mckinnyouththeatre.org

Class Registering For

PCT **MYT**

Student Information:

Name _____ Phone _____

Address _____ City _____ Zip _____

Email _____ Age _____ Grade _____

Father's Name _____ cell/work _____ email _____

Mother's name _____ cell/work _____ email _____

Emergency contact _____ Telephone _____ Cell _____

Payment Information

Published Tuition Amount \$ _____

Award/Scholarship \$ _____ \$ _____

(Attach copy of award to this form)

Total Due \$ _____

Payment Type: _____ check _____ money order _____ credit card

Credit card _____ Exp. _____ Security Code _____ Zip Code _____

Registration and Payment Policy

- Payments may be made by check, credit card, money order or credit card
- Full tuition or the 1st of 2-4 monthly installments is to be paid by the 2nd rehearsal of the show.
- Any discounts should be indicated on the registration form & appropriate documentation included(e.g. awards from previous shows)
- If there is an outstanding balance on any previous show, your student will not be enrolled for a new show until unpaid balance is cleared.
- Return checks will be assessed a \$25 fee
- It is required that each family sell 15 tickets per show. Ticket forms are due the Wednesday prior to opening night.
- It is required that a parent attend the 1st 30 minutes of the 2nd rehearsal for a parent meeting to set expectations.
- Tuition will not be refunded if a student is removed from a show due to inappropriate behavior that includes, but, is not limited to, disruptive behavior in rehearsals, use of abusive language, leaving a rehearsal without authorization, excessive absenteeism, using alcohol, drugs, or tobacco products during rehearsal, or coming to rehearsal under the influence of alcohol or drugs.

Acknowledgement of Registration & Payment Policy and Liability Waiver:

I, _____ have read the above registration and payment policy and the Class Procedures document and agree to adhere to it. I further hereby release Plano Children's Theatre/McKinney Youth Theatre/Plano Community Theatre staff, board, teachers, and volunteers, from any and all injuries in PCT/MYT programs. I, my heirs, and representatives agree to indemnify, save and hold harmless PCT/MYT from any and all claims made by me, my youth, any other family member, or my insurer, for any injuries, or damages related to this event. I agree that PCT/MyT has the right to use photos or videos of my youth for publicity purposes without payment to me or my youth.

Parent or legal guardian signature

Date