



KEVIN JONES PERFORMING ARTS S · T · U · D · I · O

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2017-2018 Workshop Registration Form

To register, please return this registration form along with a check for all applicable registration fee's/deposits

I, the undersigned parent/legal guardian, hereby give permission for: _____
to participate in the following Kevin Jones Performing Arts Studio Workshop(s):

(check all that apply):

- _____ **Middle/High School Professional Actors Workshop 6th - 12th Graders**
(\$25 registration fee due now; \$50 per month tuition August thru May)
- _____ **Acting for Film and Television Workshop for 5th - 12th Graders**
(\$25 deposit due now that goes towards your \$50 tuition which is due at workshop)
- _____ **Stage Combat Workshop for 5th - 12th Graders**
(\$25 deposit due now that goes towards your \$50 tuition which is due at workshop)

\$ _____ **Total Deposit/Registration fee included with this form**
(please make check payable to Kevin Jones and mail to the studio address above)

*Please note: Due to the professional nature of our workshops, your registration fee/deposit is non-refundable once submitted.

Individual Liability Waiver

I allow the Kevin Jones Performing Arts Studio to use photographs, videotapes, and recordings made during the workshop, as well as letters written to the Kevin Jones Performing Arts Studio.

I hereby release and indemnify The Kevin Jones Performing Arts studio (and its agents, volunteers, and/or employees) from any and all claims for losses or articles and damages arising as a result of any accident, injury or otherwise sustained by the herein named child arising from participation in any activities.

Further, should an injury or illness be sustained, I hereby authorize The Kevin Jones Performing Arts Studio to administer first aid, or seek medical attention, in the event that I, as parent or guardian, cannot be reached.

Signature of parent/guardian: _____

Date: _____

(Continued on back...)

2017 Workshop Registration Form (Continued)

Registration Information

Participant's Full Name _____

Male _____ Female _____ Participant's Age as of 08/17/2017 _____

School _____ Grade _____

Parent/Legal Guardian _____ Home phone _____

Parent Cell phone _____ Student Cell phone _____

Home Address _____

City _____ State _____ Zip _____

*Parent e-mail address (please print legibly): _____

Student e-mail address: _____

* To be good stewards of our environment, all confirmations and welcome letters are sent by e-mail only. Please *legibly* provide us with an accurate e-mail address. Confirmations will be sent as the registration forms are received. Official welcome packets will be emailed approximately two weeks before the start of each workshop.

Health Information

Please list any allergies as well as any medical conditions that might prohibit participation in workshop activities. Also, please list medications frequently taken:

Please list any food allergies or dietary restrictions:

Name of Family Physician _____ Physician's Phone Number _____

Insurance Company _____ Policy No. _____ Group No. _____

In case of emergency, if parent/guardian cannot be reached,

please contact: _____ Phone: _____

Please submit one Registration Form per child.
Print or Photocopy additional forms as needed.
