



Summer Programme Registration Form

Please return to your arts teacher or fax to 234-9000 or email: tapat@theacademy.bm

Name: _____ Age: _____
First MI Last

Date of Birth _____ Place of Birth/Nationality: _____
D/M/Y

Gender: Male/Female Name of School: _____ Year Level: _____

Area of Interest (circle): Theatre Musical Theatre Voice Music Dance Technical

Address: _____

Phone: _____(h) _____(c) _____(w)

Email: _____

Parent/Guardian Name(s): _____

Parental Contact: _____(c) _____(w)

Email: _____

Health Info:

Do you have any physical/mental health issues? If yes, please explain (asthma, allergies, anxiety attacks, etc):

Are you on any medication? If yes, please explain:

In case of emergency please contact: _____

Relationship (grandmother, uncle, etc): _____

Phone: _____(h) _____(c) _____(w)

Parental Consent/Waiver:

I hereby give permission for my son/daughter to attend and participate in any programme related activities. I hereby give consent for Makeda Trust to photograph my child for use in displays, presentations or literature. I understand the photos will be kept on file and used to illustrate activities associated with the programme.

I hereby assume any and all risk of injury, damage, or loss to either my person or personal property incurred while receiving instruction and programme direction under Makeda Trust. I hereby release the instructors, establishment, and fellow participants from any and all liability for any such injury, damage, or loss incurred during the course of instruction, training, or any other activity.

Signature of Applicant

Signature of Parent or Guardian

Date