



2011-2012 Classes

Bluegrass Kids – Coed/ages 5 – 11 Tuesday and Thursday 3:30 – 5:00 pm

Youth Actors – Coed/ages 12 – High School Seniors Tuesday and Thursday 5:30 – 7:00 pm

Classes begin August 9, 2011

PLEASE FILL IN ALL APPLICABLE INFO AND PLEASE PRINT. THANK YOU.
APPLICATIONS MAY BE MAILED TO CKCTI, P. O. BOX 145, SPRINGFIELD, KY 40069

Parents or Legal Guardian/Full Name _____
Complete Street Address _____
Employer Name and Address _____
Phone (H) _____ Phone (W) _____ Phone (C) _____
Fax _____ Email _____

Child 1: Amount \$55 per month

Full Name _____ Date of Birth _____
Male or Female _____ Age _____ School _____ Grade _____
Height _____ Weight _____ Dress Size _____ Shoe Size _____ Pants Size _____ Shirt Size _____
Specialties (for example: singing, dancing, gymnastics, playing musical instruments, etc.) _____

Child 2: Amount \$45 per month

Full Name _____ Date of Birth _____
Male or Female _____ Age _____ School _____ Grade _____
Height _____ Weight _____ Dress Size _____ Shoe Size _____ Pants Size _____ Shirt Size _____
Specialties (for example: singing, dancing, gymnastics, playing musical instruments, etc.) _____

Emergency Contact Info _____

Any special Instructions (i.e. chronic health conditions, regular medications): _____

I, _____, hereby grant permission for _____

Parent's or legal Guardians full name printed

Student(s) Full name(S) printed

To participate in the Central Kentucky Youth Actors or Bluegrass Kids Theatre program 2011-2012. I hereby release from liability and hold the Springfield Opera House, City of Springfield, Central Kentucky Community Theatre, Inc. and Jan and Scott Fattizzi harmless from any and all claims and causes of action involving my child(ren), for loss of property, personal injury or death sustained by my child arising out of any activity or travel conducted by or under control of the Central Kentucky Community Theatre, Inc. It is understood that the Springfield Opera House, City of Springfield, Central Kentucky Community Theatre, Inc. and Jan and Scott Fattizzi as used herein shall include each entity's respective employees, administrators, agents, independent contractors, and boards of. I also agree that pictures taken during the children's Theatre program may be used for future marketing programs and archives of the Springfield Opera House and Central Kentucky Community Theatre, Inc. and my signature serves as permission for such use, including posting on the Central Kentucky Community Theatre, Inc.'s website. I understand that my child's name will not be posted in conjunction with his/her picture. I further authorize the Central Kentucky Community Theatre Inc.'s representatives to obtain medical treatment in the event of injury or illness if I cannot be reached and agree to pay any expense incurred for this treatment.

Parent's Signature _____

Date _____

“The Kentucky Arts Council, the state arts agency, provides operating support to Central Kentucky Community Theatre, Inc. with state tax dollars and federal funding from the National Endowment for the Arts.”

