



2009-2010 Classes

Coed/ages 5 – 10 Tuesday and Thursday 3:30 – 5:00

Coed/ages 11 – 18 Tuesday and Thursday 5:30 – 7:00

**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 2009-2010. I hereby release from liability and hold the Springfield Opera House, City of Springfield, Central Kentucky Community Theatre, Inc. and Jan 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 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