



Enrollment Form

***Please type or print legibly**

Child's Last Name: _____ Child's First Name: _____

Pronouns: _____ Age: _____ DOB: _____

Home address: _____

City: _____ State: _____ Postal/Zip Code: _____

Telephone: _____ Cell: _____

Parent email: _____

Parent/Guardian's name(s): _____

Parent/Guardian's day phone: _____

Parent/Guardian's cell: _____

How did you find out about us? _____

Person(s) authorized to pick up child: _____

(Please provide a copy of their ID)

Other Dismissal Arrangements: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes

If so, please specify: _____

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Doctor _____ Phone number _____

Insurance carrier: _____ Policy#: _____

Who is financially responsible for the student? _____

PHOTOGRAPHIC RELEASE: You acknowledge that Sketchworks Comedy and its Coaches may use photographs, videos, and/or audio of the students likeness and participation in any class, camp or performance in marketing, advertising, and promotional materials, in any medium or format, including, without limitation, on Theatre's and Coach's website, as well as on any other forum or outlet of online, digital, and/or social media, all without remuneration to Student or Artist.

I hereby give permission to Sketchworks Comedy Theatre Camp to photograph and/or videotape the student for educational or promotional purposes.

_____ (Initial)

NOTICE OF EXEMPTION: I, _____ acknowledge that I have been informed that this program through Sketchworks Comedy, Tax ID: 47-2281956, is not a licensed childcare facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

_____ (Initial)

TERMS AND CONDITIONS: Prior to 48 hours before your registered class start date, you may cancel your registration and receive a 50% refund. Cancellations within those 48 hours will result in forfeiture of payment. Please email classes@sketchworkscomedy.com to cancel/inquire about refund.

_____ (Initial)

PARENT STATEMENT:

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by Sketchworks Comedy Theatre. I am fully aware that any activity involving motion might cause an injury. I hereby release Sketchworks Comedy Theatre, its employee and its staff from liability to the above named camper, of the person claiming through him/her, arising from injury to the person or property of the above named camper occurring in the premises Sketchworks Comedy Theatre, and its hosting theatre spaces, including any event sponsored or sanctioned by Sketchworks Comedy Theatre and or travel to and from such activities.

I understand that Sketchworks Comedy Theatre has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with Sketchworks Comedy Theatre or its scheduled program and Sketchworks Comedy Theatre, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge.

Parent Signature _____ Date _____