

## 2017 SUMMER MASTER CLASSES ENROLLMENT FORM

INFORMATION: (858) 362.1155 • www.jcompanysd.org • jcompanyadmin@lfjcc.org

RETURN FORM WITH PAYMENT TO: JCOMPANY YOUTH THEATRE

### SUMMER SESSION MASTER CLASSES

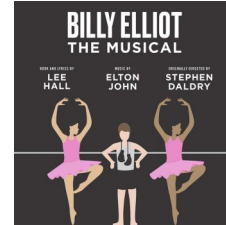
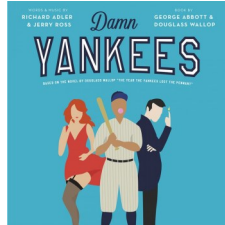
*(Subject to Availability)*

**MASTER CLASS • Ages 14-18 • San Diego Musical Theatre's *FIRST DATE* • JCC Member Price: \$76; Price: \$95** \$  
**CLASS:** Wednesday, April 26, 2017, 4:00—5:00 PM • **PERFORMANCE:** April 27, 2017, 7:30 PM

**MASTER CLASS • Ages 10-18 • SD Musical Theatre's *DAMN YANKEES* • JCC Member Price: \$76; Price: \$95** \$  
**CLASS:** Wednesday, June 7, 2017, 4:00—5:00 PM • **PERFORMANCE:** June 8, 2017, 7:30 PM

**MASTER CLASS • Ages 10-18 • Broadway SD's *AN AMERICAN IN PARIS* • JCC Member Price: \$76; Price: \$95** \$  
**CLASS:** Wednesday, September 6, 2017, 4:00—5:00 PM • **PERFORMANCE:** September 7, 2017, 7:30 PM

**MASTER CLASS • Ages 10-18 • SD Musical Theatre's *BILLY ELLIOT* • JCC Member Price: \$76; Price: \$95** \$  
**CLASS:** Wednesday, September 27, 2017, 4:00—5:00 PM • **PERFORMANCE:** September 28, 2017, 7:30 PM



**TOTAL FOR ALL CLASSES AND WORKSHOPS:** \$

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_ JCC Member:  Yes  No

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Payment Method:** Please make checks payable to: SDCJC  Check  Visa  MasterCard  Discover

Name (as it appears on credit card) \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Zip \_\_\_\_\_ Card Verification Number/Code (CVN) \_\_\_\_\_

Signature \_\_\_\_\_

The card verification code is a 3-digit number printed on the back of your card.

**NOTE: There are no refunds. All young artists auditioning must register for a class. Classes are non-refundable, whether a young artist is cast or not. Families will be allowed one class exchange per year without an additional charge. Additional changes will be subject to an administrative fee of \$10.**

# EMERGENCY PROCEDURES

Student Name: \_\_\_\_\_

**In case of emergency, the following person can be contacted if parents are not available:**

Name: \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

**Names of Persons to whom young artist can be released:**

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**SPECIAL MEDICAL CONCERNS/PHYSICAL LIMITATIONS:**

\_\_\_\_\_  
\_\_\_\_\_

**My child has medical allergy to (please check any that apply):**

antibiotic ointment  hydrocortisone  external analgesic  latex  other (please list):

\_\_\_\_\_  
\_\_\_\_\_

## EPI-PEN NOTIFICATION

My child carries an epi-pen with them at all times due to severe allergic reaction(s) to the following:

*JCompany cannot store epi-pens or any medication for your child. They must have this on them at all times and notify their bag and medications to JCompany staff.*

\_\_\_\_\_  
\_\_\_\_\_

## FIRST AID AUTHORIZATION

In the event of a minor first aid need which calls for basic care such as antibiotic ointment, anti-itch cream or an external analgesic, and I am not on the JCC premises, I hereby give my permission to authorized JCC staff to apply such treatment to my child(ren) as named above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT'S MEDICAL AUTHORIZATION

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the JCC to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child(ren) as named above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

## PARENT'S CUSTODY AUTHORIZATION

Children will be released to either parent unless we are notified with proper documentation to do otherwise. We cannot withhold a child from a parent unless this procedure is followed. Thank you for your cooperation.

## PHOTOGRAPH CONSENT

I give my consent for the above named youth to be included in any photographs, videos, slides and movies taken at the LFJCC by staff for promotional use, including social media. I do understand that these images are the property of LFJCC/SDCJC.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_