

Total Praise Ministries' Youth Arts Summer Spectacular

Registration

For children grades 5th through 12th

PLEASE USE BLACK OR BLUE INK:

CHILD INFORMATION

Name _____			
_____	_____	_____	_____
First		Last	MI
Address _____			
City _____		Zip _____	
Day Phone () _____		Evening Phone () _____	
Grade in the Fall _____	Sex M / F _____	Age _____	Birthday _____
			Month - Day - Year
Name of school _____			
Shirt Size: (Circle one) Child: 10/12 14/16 Adult: S M L XL			

FAMILY INFORMATION

Parent/Guardian _____	
_____	_____
First	Last
Work Phone _____	
Cell Phone _____	
Email address _____	

Authorization

Persons authorized to pick up child other than parent/guardian: *(Please supply names)*

Name: _____ Phone: () _____

Address: _____
City _____ Zip _____

Emergency Contact: *(authorized LOCAL person OTHER than the parent, when the parent is unreachable)*

Name _____ Relationship to Child: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Artist Area of Interest

Please indicate in which area of the arts your child is most interested.

Please only select 1 area

<input type="checkbox"/> Dance	<input type="checkbox"/> Drama	<input type="checkbox"/> Visual Art	<input type="checkbox"/> Choir
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Does your child have experience in any of the forms of arts? Indicate below.

Check all that apply.

Drama	Dance	Singing	Drawing	Painting	Poetry	Other:

Comments: _____

Please note:

- During the art session, your child will have opportunity to explore and experience all the art forms but we at no time will require students to participate in an area of which they express no interest. Everything is optional and encouraged.
- Lead roles may require additional rehearsal time not listed on the calendar. Also students can be moved from a lead role to an understudy for poor attendance and not learning material. No role in the production will be held or promised to anyone.
- Every student will have an opportunity to shine. No such thing as big parts and little parts. All parts are needed and make up a great show.
- YASS is intended to provide our youth with a positive and productive platform for them to explore and cultivate interest and talents in the arts. **We will at no time tolerate misconduct. We will make an attempt to resolve issues quickly, confidentially and fairly. Students who we believe compromise the integrity of the program will be dismissed and no refund given. (Registration is nonrefundable). It is our goal to provide all students with a spectacular experience.**

Youth Arts Summer Spectacular Health Form

In order to register for YASS, it is necessary that this form be filled out and returned with your registration. The information on this form is not part of your child's acceptance process, but is gathered to assist us in identifying appropriate care and consideration for specific art forms. Any changes to this form should be provided at time of registration. It is also important that we know of food allergies.

PLEASE USE BLACK OR BLUE INK:

Child's Name _____

MEDICAL INFORMATION

Has your child suffered a recent accident, illness, undergone any surgery, or have any specific physical limitations which would prevent him/her from participation in physical or art activities? If so, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
Does your child have any known allergies to art/ craft materials such as paints, clay, dyes, markers, glues or other? If yes, please state specific allergen and reaction	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
Does your child have any activity or food restrictions? Include nut allergies. (If yes, please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
Does your child have behavior, physical, emotional, or mental health concerns about which TPM staff should be aware? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____

Comments: (Use the back to provide any additional information)
