

# Wisconsin Rapids Community Theatre Youth Drama Club Registration Form



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Ellen Roeseler, WRCT Exec Dir – 715-421-0425 – [edwrct@wctc.net](mailto:edwrct@wctc.net)

## Parent Contract Section

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This part of the form may be completed online. Please print to initial and sign lower portion of the form.

Child's Name [Click here to enter text.](#) DOB [Click here to enter text.](#)

My child will be attending:

5 or more Youth Drama Club Events – total is \$50 per season\*

Less than 5 Youth Drama Club Events – at \$10 per event\*

\*additional fees may apply if there is an off-site charge for a particular event

Fees are nonrefundable and payable in advance. WRCT requires a minimum of \_\_\_\_ participants in the Youth Drama Club in order to continue to provide group sessions. If there are less participants, the curriculum will be changed to accommodate those who are interested.

Parent/guardian name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City/State/Zip [Click here to enter text.](#)

Preferred Telephone [Click here to enter text.](#) Email: [Click here to enter text.](#)

Amount enclosed [Click here to enter text.](#)  Cash  Check

## Child Consent Section

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Please initial each section

\_\_\_\_\_ **Section #1: Reasonable Accommodations Clause**

Children with special needs or challenges will be accepted provided that “reasonable accommodations” can be made for their participation in the program and/or the child’s participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other children in the program. I understand that if my child requires an unusual amount of 1:1 attention, whether due to special needs or behavior, my child may be removed from the program.

\_\_\_\_\_ **Section #2: Release from Liability**

I understand that all reasonable safety precautions are taken by WRCT in the operation of its facility, equipment, and programs. I agree that my child’s participation in WRCT programs shall be undertaken at his/her sole risk; and WRCT, its directors, employees, and volunteer staff shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death actions or causes of action whatsoever, to my child or his/her property, arising out of or connected to participation in any WRCT programming.

\_\_\_\_\_ **Section #3: Media Release**

I give my permission for my child to appear in photos and video for WRCT promotional pieces.

\_\_\_\_\_ **Section #4: Accurate/Complete Information**

I hereby state that registration information is accurate and complete I understand it is my responsibility to provide any changes or updates regarding emergency and health information immediately to the WRCT staff.

\_\_\_\_\_ **Section #5: Fee Proration and Additional Costs**

I understand that the fee chosen above will not be prorated for absences, vacations, holidays or illnesses. I further understand there may be additional costs associated with group field trips or other events which are not covered by this fee and agree to pay those costs if my child wishes to participate in that event.

Parent/Guardian signature and date \_\_\_\_\_

