 Office: 573-449-4536

1200 East Broadway, #2131 FAX: 573-449-4548

Columbia, MO 65215 Web: www.trypskids.com

Email: [trypskids@gmail.com](mailto:TRYPSkids@gmail.com)

STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT SHIRT SIZE (*please circle*): YS • YM • YL • AS • AM • AL • AXL

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY & ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER ID: ☐MALE ☐FEMALE DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GRADE\_\_\_\_\_GRADE IN FALL 2019\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOSPITAL PREFERENCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF DOCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOCTOR’S PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE CARRIER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POLICY #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES AND/OR SPECIAL NEEDS/CONSIDERATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please list above any medical condition that could adversely affect your child and their success in this production.***

***Please list any medication that may need to be administered during rehearsal. All Rx must be turned in to the Stage Manager.***

***We will contact you and/or the emergency contact for instruction should illness or emergency occurs.***

**TUITION FOR PRODUCTIONS:**

**Mainstage: $275/**student

**Encore: $175/**student

**Please initial the following:**

**RELEASE**: I, the undersigned parent/guardian of this student, a minor, do hereby authorize the directors/staff of TRYPS as agents for the undersigned parent/guardian to consent medical treatment in an emergency. I hereby release and discharge TRYPS from any and all claims for personal injuries.

**Transportation:**

I give permission for TRYPS to pick my child up from school and/or transport my child for pre-disclosed supervised events and field trips. \_\_\_\_\_\_\_\_\_\_

**Photo/Video Permission**:

I give permission to photo-video my child for ***publicity purposes***.\_\_\_\_\_\_\_\_\_\_

**Special Circumstances:**

If your child requires para assistance or special assistance at school including accommodations regarding curriculum and/or behavior, please contact the TRYPS office before submitting an enrollment form to discuss your child’s needs. TRYPS does not have para teachers available and children must be able to function within our 12:1 ration. \_\_\_\_\_\_\_\_\_\_

**Return Check Fee:**

The returned check fee is $25 per returned check.

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

Parent/Guardian Signature Date