



# THEATER CLASSES THEATER REACHING YOUNG PEOPLE & SCHOOLS

## How To REGISTER:

MAIL: TRYPS  
Columbia Mall  
2300 Bernadette, #918  
Columbia MO 65203

FAX: 573-449-4548  
EMAIL: registration@trypskids.com  
ONLINE: www.trypskids.com

Questions? 573-449-4536

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

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

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

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

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

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

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

STUDENT IS:  MALE  FEMALE DATE OF BIRTH: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

NAME OF DOCTOR: \_\_\_\_\_ DOCTOR'S PHONE #: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_

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

- Please list any medical condition that could adversely affect your child and their success in this class.
- We will contact you and/or the emergency contact for instruction should illness or emergency occur.

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.

I give permission to photo/video my child for publicity purposes.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

CLASS #	CLASS TITLE	FEE	<b>CHILD'S T-SHIRT SIZE:</b> Youth S/M/L _____ Adult S/M/L/XL _____ Shirts are not included in Vocal Class tuition
10% Sibling Discount if registering at the same time			
Would you consider making a tax deductible donation at this time?			
TOTAL DUE			

Payment Method –  Mastercard  Visa  Discover  Money order or check payable to TRYPS

Credit Card # \_\_\_\_\_

Exp Date \_\_\_\_\_

CID # \_\_\_\_\_ (3 digit number on back of card)