



TRYPS Children's Theater  
2300 Bernadette Dr., #918  
Columbia, MO 65203

Office: 573-449-4536  
Website: [www.trypskids.com](http://www.trypskids.com)  
Email: [tryps.enroll@gmail.com](mailto:tryps.enroll@gmail.com)

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

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

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

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

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

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

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

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

PRONOUNS:    ☐ He, His, Him    ☐ She, Hers, Her    ☐ They, Theirs, Them    DATE OF BIRTH: \_\_\_\_\_

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

EMERGENCY CONTACT (not parents): \_\_\_\_\_ 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: \$295 / student**  
**Encore: \$195 / 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.

**Vaccinations**

\_\_\_\_\_ I confirm that my child has had the COVID vaccine appropriate for his/her/their age in order to participate in the Mainstage production.

\_\_\_\_\_ I confirm that my child is current on all CPS mandated vaccines in order to participate in either the Mainstage or Encore production.

**Transportation:**

\_\_\_\_\_ I give permission for TRYPS to pick my child up from school and/or transport myself (18+) my child for pre-disclosed supervised events and field trips.

**Photo/Video Permission:**

\_\_\_\_\_ I give permission to photo-video myself (18+) or 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