

# ODD ACT THEATRE GROUP

## Registration Form

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

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### PROGRAM INFORMATION

Select the productions and/or classes you will be participating in. Check all that apply:

Seasons:      Fall \_\_\_\_\_                  Spring \_\_\_\_\_                  Summer \_\_\_\_\_

Classes:      Voice \_\_\_\_\_                  Acting \_\_\_\_\_

I, \_\_\_\_\_, realize that risk of being injured is inherent in all performing arts. I also understand that no refunds will be issued unless the program is canceled by Odd Act Theatre Group. I understand this and wish my child to participate in the above Odd Act Theatre Group program. I hereby grant Odd Act Theatre Group LLC permission to use mine and/or my child's likeness in photograph(s)/video(s) in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Odd Act Theatre Group, in perpetuity, and for other use by Odd Act Theatre Group. I will make no monetary or other claim against Odd Act Theatre Group for the use of the photograph(s)/video(s).

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(date)

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All participants must provide a \$100 deposit with their registration. Deposits can be put toward ticket sales, fundraising, or buyouts. Deposits are NON-REFUNDABLE.

Make checks payable to ODD ACT THEATRE GROUP

Total enclosed: \_\_\_\_\_

Return registration and fee to:

Odd Act Theatre Group  
89 Walt Whitman Way  
Hamilton, NJ 08690

Contact Us: [oddact@gmail.com](mailto:oddact@gmail.com); 609.577.1384