



where kids feed their creativity

Cafeteria Kids Theater Spring 2020 Classes

Please sign and review the following Registration Packet. Pages 2-5 need to be submitted on the first day of class at sign in.

- For classes and camps held at Napa Valley College Performing Arts Center, every drop off and pick up will be located at the Actor's Lab in the Performing Arts Center. The Actor's Lab is located through the double doors on the west side of the building. Ample parking is available, the address is 2277 Napa-Vallejo Hwy in Napa.
- An adult must accompany your student in and out of the theater; as well as sign them in and out of their class each day! This is extremely important as we share the theater with many performance groups, college students, and staff. **ADULTS DROPPING OFF STUDENTS MUST STAY WITH THEIR STUDENT UNTIL THEY HAVE BEEN INVITED INTO THE ACTOR'S LAB BY THE TEACHERS.** Advanced Acting students are allowed to sign themselves in and out.
- If your child is not picked up within 15 minutes of the end of their class we will be charging \$10 for every 10 minutes until your child is picked up. If you know you will be late to class or late for pick-up please call CKT phone number at 415-595-0403.
- Students should come dressed in clothes they can move in comfortably.

Questions or concerns may be directed to Aimee Guillot and/or Olivia Cowell. Please do not take concerns to our teen interns. It is best to email or call to set up a meeting time as opposed to immediately before or after the class as we teach classes consecutively. Contact information: Aimee@cafeteriakidstheater.org, Olivia@cafeteriakidstheater.org, 415-595-0403. We appreciate your understanding.

We look forward to working with your student!

Aimee + Olivia

Please note: This page is for your records.

CKT SPRING 2020 Classes

Return pages 2-5 with your student on the first day of their class.

Please notate which class your student is enrolled in:

- o Drama Jr.
- o Acting I
- o Acting II
- o Advanced Acting

Student Information

Name: _____

Student Age: _____ Grade: _____ DOB: _____

School Attending: _____

Student's Cell Phone (if applicable): _____

Student's Email Address (if applicable): _____

Parent Information

Parent Name/s: _____

Address: _____

Home Phone: _____

Parent Cell Phone #1: _____

Parent Cell Phone #2: _____

Email Address: _____

Emergency contact if we are unable to reach Parent/Guardian:

Name: _____

Home Phone: _____

Cell Phone: _____

CKT Spring 2020 Media Waiver and Release

I consent to my child(ren) being photographed, interviewed, and/or videotaped by representatives of Lunchtime Productions Inc. DBA Cafeteria Kids Theater, and/or media outlets (newspaper, TV stations, etc.). Lunchtime Productions Inc. uses photos of children in publications to share information about Cafeteria Kids Theater. Any images obtained may be reproduced by Lunchtime Productions Inc. and/or the public media for use in publicity or educational activities. Lunchtime Productions Inc. publications include but are not limited to: the company's website, newsletters, directory book, and other public relations materials. I hereby waive any claims I may have, and release Lunchtime Productions Inc. from liability of claims arising out of such activities.

_____ No, my child may not be photographed, interviewed, or videotaped for media use.

_____ Yes, my child may be photographed, interviewed, or videotaped for media use.

Student Name/s: _____

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

Date: _____

Signature of Understanding

During all classes/camps, workshops, rehearsals and performances students are expected to have "serious fun" which is defined by staying focused on the activities at hand, and participating in a safe and cooperative manner. If students are unable to meet these commitments then they may be asked to leave the workshop and in the most serious circumstances, discontinue participation in the workshop.

Student's Name _____

Student's Signature _____

Parent's Name _____

Parent's Signature _____

Date _____



Waiver, Release and Hold Harmless Agreement Spring 2020

Child/ren Name/s: _____

In consideration of my minor child's or guardian's participation in _____ (the "Activity") through Lunchtime Productions Inc., dba Cafeteria Kids Theater ("CKT"), I agree as follows:

1. I understand and acknowledge that participating in the Activity poses risks to my child, including the risk of injury. Among other things, I understand and agree that my child will be acting on a raised stage, outside, and backstage during the Activity. I acknowledge the risk in these activities. Other risks are inherent in the Activity, even some that I may not fully appreciate. On behalf of my child, I accept all of the risks of any injuries, damages, or harm which arise during or result from my child's participation in the Activity, including any associated travel, regardless of whether or not caused in whole or in part by the negligence of CKT.

2. I, as the parent or guardian of my child, for my child, myself and my heirs, executors, administrators and family members, release and forever discharge CKT, and its officers, board of directors, employees, agents and volunteers (the "Released Parties") from any and all claims, demands, actions or causes of action which in any way arise from my child's participation in the Activity. I understand and agree that I am waiving and releasing all claims caused by the negligence of the Released Parties for any injuries, damages, losses or claims, whether known or unknown, which arise during or result from my child's participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.

3. I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits brought against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my child's participation in the Activity,

regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.

4. I certify that my child is in good health. In case of illness or accident, I give permission to the personnel of CKT to transport my child to the nearest hospital. I grant permission for emergency medical treatment to be administered and if I or my designated representative cannot be immediately contracted, I give permission to a physician or other qualified health care professional to administer such treatment as may be necessary under the circumstance, including hospitalization of participant. I agree to assume any and all financial responsibility for the participant. My child has the following allergies, medicine reactions or unusual physical conditions that should be made known to the treating physician (if none, please write the word "none"):

5. I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement. I understand it fully and I execute it voluntarily.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____