

City of Selma and Selma Arts Center Youth Performing Arts Program

Theater Boot Camp

Registration Form

Players Name	Date	Age
Address	City, Zip	
Home Phone or Cell #	Emergency Phone #	Email Address (required)
Parent/Legal Guardian (Print) _		
agree to the following: That the liability of any kind to any pers agents relating to or arising from the City of Selma and its office (including attorney's fees) and program or in any way connect insurance for program participa	e City, its officers, employees, and agents on caused or arising from acts, omission m my child's participation in the above p rs, employees and agents from and again causes of action of whatsoever character ed therewith. The City of Selma does no	ted or sponsored by the City of Selma, I understand and is shall not be liable for any loss, damage, injury or its or negligence of the City, its officers, employees or program. That I will defend, indemnify and hold harmless ast any and all loss, liability, charges and expenses which may arise by reason of participation in the above of provide accident, medical, liability or any other is might be taken as part of the program to promote our
Parent/Legal Guardian (sign)		Date
		ealth issues or allergies we should know about s, fabric, latex gloves, glues and other materials
	<u>Volunteer Sig</u> i	n up
Parent volunteers are w	velcome. Please mark yes if you are able	to donate time and what you will be most interested in.
Yes No	Area interested (exp. supervision)	<u>)</u>
Name (please print)	Ph	none number