

Регистрация на сезон **Осень 2025**

Фамилия имя (ребенка) по-русски (для программки) _____

Фамилия имя (ребенка) по-английски (для программки) _____

Дата рождения (мм/чч/гг) ____ / ____ / ____

Группа: «Музыка с мамой (2-3г)» «Цыплята(3-4)» «Ладушки(4-5)» «Малыши(5-6л)» «НеМалыши(6-7л)»
«Средняя (8-9лет)» «Старшая (10-13лет)» «Субботняя (7-11лет)» «Ёлка» (13+)»

Расписание: день (дни) _____ время _____

Родители (имена) _____

Домашний телефон _____

E-mail _____

Медицинские противопоказания и аллергии:

**Дети с симптомами простуды (насморк, кашель, температура, диарея или рвота)
участвовать в живых занятиях не могут!**

Телефон(ы) для срочной связи

() _____ – (чей телефон) _____

() _____ – (чей телефон) _____

() _____ – (чей телефон) _____

Комментарии и пожелания _____

Оплата: сумма _____ дата _____ чек / наличные

Дата _____

Подпись _____

**Полная оплата за сезон должна быть внесена
ДО начала занятий.
Late fee \$10 class.**



Media and Medical Consent and Release Form

Fall 2025

By signing this part of the Media and Medical Consent and Release Form, I agree to and understand the following:

I, the undersigned, agree to grant Russian Drama Club Skazka (hereinafter Skazka) and any persons acting on the behalf of such, the right to use, reproduce, exhibit, project, display, and publish my child's picture, voice, and/or moving image for educational programs, advertising, and promotion of Skazka programs.

I understand that this right includes the right to combine my child's picture, voice, and/or moving image with others and the right to alter any of these for the purposes described above. I also understand that personal information including only the first name, last initial, and age of my child may be associated with the media which is released to Skazka, and that all photographs, video, or audio taken by Skazka or its representatives are the sole property of Skazka.

I agree to hold Skazka harmless and fully indemnify Skazka from and against any and all claims arising from the use of released media in the forms previously specified.

Print name of child participant: _____

Print name of parent/custodial guardian: _____

Signature of parent/guardian and date: _____

By signing this part of the Media and Medical Consent and Release Form, I agree to and understand the following:

I, the undersigned, authorize Russian Drama Club Skazka (hereinafter Skazka) to serve as agents for the undersigned in granting Skazka the right to consent permission of any emergency X-ray, examination, medical diagnosis, or treatment to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of California, when the need for such treatment is immediate, and when efforts to contact the undersigned at the phone number(s) and other places of contact provided during registration or afterward are unsuccessful.

I understand that this authorization shall be valid for the period of time during which my child is attending as a student or participant and performance, rehearsal, class, or other activity hosted by Skazka.

I do hereby indemnify and hold harmless Skazka and any persons or organizations acting in reliance upon this authorization.

Print name of child participant: _____

Print name of parent/custodial guardian: _____

Signature of parent/guardian and date: _____



Youth Participation and Consent Form 2025

By signing this form, I agree to and understand the following:

Russian Drama Club Skazka (hereinafter Skazka) enforces certain guidelines for behavior for all participants of Skazka activities, including but not limited to rehearsals, classes, and performances. I understand that these guidelines include the following expectations for conduct, and that these guidelines must be followed at any activity hosted by Skazka or persons acting on its behalf.

1. Participants should be sufficiently mature to conduct themselves in an appropriate manner at all times.
2. Participants are to attend all of the scheduled rehearsals, classes, performances, and other activities as outlined in the beginning of the term. I understand it is my responsibility to ensure that I know of and facilitate the attending of all of the aforementioned activities, and that failure to do so in excess may have consequences including but not limited to the removal of the participant from the program. I **also understand that the participant commits to a full season of instruction as outlined at the beginning of the term.** If conflicts arise, I understand it is my sole responsibility to communicate with the coordinator any such issues, and that a failure to do so is not the fault of the coordinator.
3. Participants are to bring with them to every rehearsal, class, and performance their scripts and all other provided materials effective their issuing date. Scripts are to be kept in good condition throughout the season.
4. Participants should dress appropriately and follow all instructions regarding dress code, especially at times of performance.
5. Participants should take care to avoid distractions such as cell phones, outside reading books, and playtoys while in class. Parents should alert the coordinators to any medical situation requiring the possession or use of a cell phone, so that such may be facilitated.
6. Participants may not be on Skazka grounds unattended. Parents should supervise their children or appoint a representative to do such until a coordinator arrives to start the activity. This is for the safety of the child, and will be strictly enforced.
7. Similarly, participants may not go out to the parking lot unattended to wait for their parents. In the situation that a parent cannot come to the classroom to pick up their child, the parent should notify the coordinator, who will arrange for the child to be escorted. This is for the safety of the child, and will be strictly enforced.

I understand that failure to abide by the guidelines outlined above may result in measures such as verbal or written reprimands, exclusion from activities, expulsion from the group, or other pertinent measures. Skazka wishes to provide every participant an equal opportunity to have fun while expanding their abilities in multiple fields, and cannot tolerate continued violations of the aforementioned guidelines.

Print name of child **and signature:** _____

Print name of parent/custodial guardian: _____

Parent/guardian's signature and date: _____