

STUDENT INFORMATION

LAST NAME	FIRST NAME	GENDER		
STREET ADDRESS	APT#	CITY	STATE	ZIP
()	()			
HOME PHONE	ALT. PHONE	E-MAIL		
	()			
EMERGENCY CONTACT	PHONE	RELATION TO STUDENT		
IF STUDENT IS UNDER 18, PLEASE FILL IN THE FOLLOWING:				
DATE OF BIRTH	SCHOOL CURRENTLY ATTENDING	GRADE LEVEL		

CLASS REGISTRATION (Check all that apply)

ADULT CLASSES

- IMPROVISATION (Wednesdays)
 ACTING SHAKESPEARE LEVEL I/II (Mondays)
 ACTING FOR THE BUSINESS PROFESSIONAL* (Thursdays)
 CAL SHAKES LITERARY SOCIETY*

YOUTH CLASSES

- PLAYSHOP: TAMING OF THE SHREW (Saturdays - GRADES 3- 6)
 STORYBOOK THEATER (Saturdays - PRE K/K)
 IMAGINE SHAKESPEARE (Saturdays - GRADES 1-2)
 THE ART OF COMEDY* (Mondays - GRADES 7- 9)
 TEEN PERFORMANCE WORKSHOP (Saturdays - GRADES 9- 12)

* Classes may be held in Orinda.

FEES AND PAYMENT

** A 50% DOWN PAYMENT OF TUITION IS DUE WITH YOUR REGISTRATION FORM. THIS INCLUDES A NON-REFUNDABLE \$25 PROCESSING FEE. REMAINING PAYMENT IS DUE THE FIRST DAY OF CLASS. THERE IS A \$25 RETURNED CHECK FEE. **

\$ _____ DOWN PAYMENT (AT LEAST 50% OF TUITION)

\$ _____ I WOULD LIKE TO MAKE A TAX-DEDUCTIBLE DONATION TO THE CAL SHAKES DIVERSITY SCHOLARSHIP PROGRAM

\$ _____ **TOTAL**

\$ _____ **AMOUNT DUE 1ST DAY OF CLASS**

CHECK # _____

Please make checks payable to California Shakespeare Theater

CREDIT CARD (Circle one) VISA / MC / AmEx

Cardholder Name: _____

Card Number: _____ Exp. ____/____

INFORMATION AND POLICIES

- **REGISTRATION DEADLINE:** Registration is accepted until class is filled. You will be notified by phone or email upon receipt of your registration.
- **PLACEMENT INTERVIEWS AND ACCEPTANCE:** Once we have received your registration form and application fee, you may be contacted by the instructor to discuss your suitability for the class. Though placement in the course is on a first-come, first-served basis, acceptance is at the discretion of the instructor and/or Cal Shakes. You will be notified by this office upon your acceptance.
- **TUITION POLICY:** Tuition is due upon acceptance. **Your place in the program is only guaranteed by full tuition payment.**
- **REFUND POLICY:**
 - Cancellation up to three weeks before class begins = 100% refund, minus \$25 processing fee
 - Cancellation up to day before class begins = 50% refund, minus \$25 processing fee
 - Cancellation once class begins = no refund
- **ATTENDANCE:** Prompt attendance at all classes is requested as a sign of respect for yourself, your teacher, and your classmates.
- **LOCATION:** Classes will be held at the California Shakespeare Theater rehearsal hall at 701 Heinz Avenue in Berkeley unless otherwise indicated. For directions and a map, go to: <http://calshakes.org/v4/plan/directions.html#diroffices>.

MEDICAL HISTORY AND STUDENT INSURANCE

INSURANCE COMPANY

ID / GROUP #

POLICY #

NAME ON INSURANCE POLICY

PRIMARY PHYSICIAN

PHYSICIAN'S PHONE #

Are you taking any prescribed medication? Yes No If so, please list below:

Do you have allergies? Yes No If so, please list below:

Please list any other medical conditions or special needs that we should be aware of:

****PLEASE NOTE THAT WE CANNOT PROVIDE STUDENTS WITH ANY MEDICATION, NOT EVEN ASPIRIN. STUDENTS MUST PROVIDE THEIR OWN.**

LIABILITY WAIVER AND MODEL RELEASE STATEMENT

I, the undersigned, waive and release any and all claims for myself and my heirs against the California Shakespeare Theater, and all the other sponsors and officials of the Artistic Learning office at the California Shakespeare Theater, for any injuries or illnesses which may directly or indirectly result from participation in theater classes. This disclaimer is valid in perpetuity from the date of signature below.

I understand that the California Shakespeare Theater may, from time to time, take photographs, videos, or recordings of student work in the classroom for marketing, development, and archival purposes. In the event that a photographer or videographer comes to my class, I acknowledge that it is my responsibility to notify him/her of my desire not to be photographed or videotaped. I herewith acknowledge and hereby grant full rights and permission to copyright, use, reproduce, publish, and display all photographs, videos and recordings taken of me by the California Shakespeare Theater for publicity, marketing, and archival purposes. I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. If my photo is ever used for publicity, marketing, and archival purposes, I give permission for my name to be used too. It is my understanding that I hold no copyright for such photographs, videos, or recordings and that no charge or special compensation is or will be required for my service/s.

STUDENT SIGNATURE _____ DATE _____

STUDENT NAME (PRINT) _____

IF STUDENT IS UNDER 18, A PARENT OR GUARDIAN MUST READ THE ABOVE AND SIGN THE FOLLOWING:

I am the parent or guardian of the minor named above and have the legal authority to execute the above release and approve the foregoing.

GUARDIAN SIGNATURE _____ DATE _____

GUARDIAN NAME (PRINT) _____

MAIL OR FAX TO:
California Shakespeare Theater / Fall Classes Registration
701 Heinz Avenue, Berkeley, CA 94710
Fax: 510.843.9921 Phone: 510.548.3422 ext. 127 Email: emorrison@calshakes.org

STUDENT SURVEY

****Your responses to the following questions are strictly confidential, for our statistical and grant writing purposes only.****

OPTIONAL INFORMATION

1. To which age group do you belong? (Check one)
 - Under 18
 - 18-25
 - 26-35
 - 36-45
 - 46-55
 - 56-65
 - 66+
2. What is your highest level of education? (Check one)
 - High school student or below
 - High School graduate
 - Some college
 - College degree
 - Some graduate studies
 - Graduate degree
3. What is your average annual household income? (Check one)
 - Less than \$15,000
 - \$16-20,000
 - \$21-25,000
 - \$26-30,000
 - \$31-35,000
 - \$36-40,000
 - \$41-65,000
 - \$65,000 +
4. To which ethnic group do you belong? (Check all that apply)
 - Caucasian
 - African-American
 - Other: _____
 - Hispanic
 - Asian-American
5. How did you hear about Cal Shakes 2008 Winter classes? (Check one)
 - Cal Shakes e-Flash
 - Cal Shakes Brochure
 - Cal Shakes Website
 - Friend / Teacher
 - Other: _____
 - Theatre Bay Area
 - Craigslist
 - BAANG
 - Bay Area Theatre Bums
6. How do you normally receive news and information? (Check all that apply)
 - Internet
 - Radio
 - Television
 - Other: _____
 - Newspaper
 - Magazine
7. What types of events do you regularly attend? (Check all that apply)
 - Theater
 - Concerts
 - Movies
 - Dance
 - Symphony / Opera
 - Museums
8. Why are you taking classes at Cal Shakes? (Check one)
 - I am a professional actor
 - I have an interest in Shakespeare
 - Other: _____
 - I am curious about theater
 - I want to enrich my life with other activities
9. I am interested in volunteering at Cal Shakes for the following: (Check all that apply)
 - Mailing Parties
 - Flyer Distribution
 - Education Programs for Youth
 - Other: _____
 - Front of House
 - Administrative Assistance
10. FOR PARENTS AND YOUTH EDUCATORS: I am interested in learning more about the following: (Check all that apply)
 - 5-week Cal Shakes Summer Performance Camp
 - 2-week Intro to Shakespeare Summer Camp
 - Cal Shakes Student Matinee field trips
 - Cal Shakes Fall, Winter, and Spring Classes for Adults and Youth