



Office Use Only

Date registration received: _____

Date fees received: _____

Date medical forms received: _____

Confirmation sent: _____

Summer 2022 Registration

Please complete this application and mail in with tuition fees to:

The Cue Theatre, Inc; PO Box 526, Slingerlands, NY 12159

Student's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Student Phone _____ Student Preferred Pronouns _____

Date of Birth _____ Age as of 6/2022 _____ Gender: (circle) M F Nonbinary

Please provide any medical or non-medical information about your child that we should know about:

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name _____

Cell Phone _____ Work Phone _____ Email _____

Parent/Guardian 2 Name _____

Cell Phone _____ Work Phone _____ Email _____

Student Resides with: ___ Both Parents ___ Mother ___ Father ___ Other _____

Student has permission to be dismissed to (names/emails/cell phone) : _____

PARENT/GUARDIAN SIGNATURE/WAIVER

To the best of my knowledge, the information on these forms is correct. I hereby give permission to the person herein described to engage in all prescribed Cue Theatre activities, on or off property, except as noted. In consideration of the use of space occupied by The Cue Theatre, I (parent/guardian) am assuming full risk of injury arising from the use of these facilities. Any personal belongings that my child/ward brings with them to Cue Theatre is at their own risk and is not the responsibility of The Cue Theatre. Further, Cue Theatre's insurance does NOT cover these items. I understand that the Cue Theatre may take photos/video for publicity purposes. *I understand that while at The Cue Theatre, my child will be expected to behave following the guidelines set by Cue's directors and staff or they will not be allowed to return and a refund will not be provided.*

In Case of Emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to Cue Theatre staff to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child. Permission is given to transport my child for medical assistance. This form may be photocopied for use at Cue program. I understand that I am responsible for payment of all medical treatments received. If my child needs medical treatment, I hereby authorize any doctor or hospital treating the student while he is at Cue to discuss and release information regarding such treatment or follow-up care to an authorized representative of The Cue Theatre. I understand that this authorization will remain in effect while the student is engaged in 2022 programming and will expire no later than August 31, 2022.

Signature of Parent/Guardian

Date

REGISTRATION AND PAYMENT

Student Name: _____

For information on confidential Financial Assistance, email us at info@thecuetheatre.org.

- Please fill out a separate registration, payment, and medical form for each child that you are registering for The Cue Theatre.
- Sibling discounts of 10% are applied to the application fees for the second, third, etc. child registered for programs.
- First United Methodist Church members receive a 15% discount for tuition.

Program Name	Early Bird (Paid by May 13)	Tuition	Amount Due
Stars on Stage: August 15-19	\$300	\$325	
Stars on Stage: August 22-26	\$300	\$325	
SUBTOTAL			
<i>Less 15% Discount for FUMC Members</i>			
<i>Less 10% Sibling Discount Not applicable if also taking FUMC discount</i>			
		GRAND TOTAL	
		T-Shirt Size	

*Adults over the age of 18 are not required to pay tuition. In lieu of tuition adults will be required to contribute in other significant ways including selling at least 1 ad for the playbill and creating sets, props and costumes.

PAYMENT METHOD:

_____ Check/Cash *made payable to The Cue Theatre, Inc.*

_____ Credit Card; Provide email address for invoice. _____

(Note credit card transactions will be assessed a convenience fee)

***Refund Policy:** The Cue Theatre’s programs and productions are tuition-based programs. Tuitions is non-refundable. No cash refunds will be issued, except in the case of program cancellation. Full and partial credits toward future programs will be issued at the discretion of Cue administration. All tuition credits will be honored up to one year after the initial program start date. Requests made in writing up to two weeks prior to program start date will receive a credit applied to any Cue program for the full amount originally paid minus a \$25 administrative fee. This credit shall be valid for one year.

Cue Theatre Medical Form – 2022
(Due before first day of attendance)

Student Name _____ DOB _____

Instructions: This two-page form is required for all students attending Cue Theatre for daytime programs. This medical record is a complete health history that requires a physician’s signature that the student is fit to attend Cue programs. Students without a complete medical form will not be allowed to participate and will be sent home.

PERSONAL INFORMATION

Name: _____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Parent or Guardian: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

Name #1 _____

Cell Phone _____ Work Phone _____ Relationship to student _____

Name #2 _____

Cell Phone _____ Work Phone _____ Relationship to student _____

INSURANCE

Provider Name _____ Provider Phone _____

Policy Number _____ Group Number _____

Name of Insured _____ DOB of Insured _____

HEALTH HISTORY/INFORMATION

Primary Physician/Phone Number: _____

Dentist Name/Phone Number: _____

Has or is subject to:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> High BP | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Sports Restrictions | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Attention-Deficit Hyperactivity Disorder | |
| <input type="checkbox"/> Restrictions or Allergies _____ | | | |

Has Difficulty With Eyes, Ears, Nose, Throat Digestion Lungs Other

Takes Medication No Yes, Name Medication(s): _____

Over the counter medication taken during camp must be accompanied by a physician's signature and written instructions from the physician.

Limitations:

Diet Restrictions _____

Activity Restrictions _____

Health Examination (To be completed by a licensed medical practitioner):

Note: The Cue Theatre will accept a physical completed in the last year in lieu of this form, physician must still sign this form to accompany the records of that physical.

Check box if abnormal:

<input type="checkbox"/> Growth Development	<input type="checkbox"/> Cardiopulmonary System	<input type="checkbox"/> HEENT
<input type="checkbox"/> Teeth	<input type="checkbox"/> Skin	<input type="checkbox"/> Neurobehaviorial
<input type="checkbox"/> Hernia	<input type="checkbox"/> Genitalia	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Eyes, Ears, Nose, Throat	<input type="checkbox"/> Other _____	

Immunizations:

(Indicate Original Date and also most recent Month/Year for date of last Inoculation. Cannot say "up to date".)

Tetnus _____ Mumps _____ Diphtheria _____ Rubella _____

Haemophilus Influenza Type B _____ Pertussis _____ Polio _____

Measles _____ Chicken Pox _____ Hepatitis B _____ Covid-19 _____

*NA if not given

Signature: _____ MD/DO/PA/RNP

Date: _____