

# HOPE MUSICAL THEATRE



## HMT WORKSHOPS @ Bowman International!

Exploring different Broadway musical  
numbers in each workshop!

**DATES/TIMES:** MONDAYS 2:30 - 5:30pm: FEBRUARY 28, MARCH 28 & APRIL 11

**LOCATION:** Bowman International School (4000 Terman Drive, Palo Alto 94306)

*There will be ADULT SUPERVISION at school dismissal time until the start of each workshop*

**AGES:** Boys and Girls, 1st-6th Grade    **\*SNACK PROVIDED\***

**SIGN UP TODAY!!** \*Performers will work on one song/scene & dance per workshop\*  
The last 10 minutes of the workshop the parents get to come  
and watch a mini show with costumes and all!!

For more info visit [HopeMusicalTheatre.com](http://HopeMusicalTheatre.com) **650-568-3332**

**TUITION:** 1 for \$75 or all 3 for \$200

**Circle your workshop choices:**

Mail this portion with check to secure enrollment to:

**Hope Musical Theatre**  
**PO Box 3654**  
**Redwood City, CA 94064**

**Mondays 2:30 - 5:30pm**

- FEBRUARY 28
- MARCH 28
- APRIL 11

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ School: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Enclosed: \$ \_\_\_\_\_

for \_\_\_\_\_ workshops

Please include Consent  
Form (next page) with  
Registration.

*\*Confirmation will be emailed unless otherwise noted. No refunds unless workshop must be canceled.\**

# HOPE MUSICAL THEATRE - 2011

## Parental Consent/RELEASE FORM

I hereby give consent for my son/daughter:

(print child's name) \_\_\_\_\_

to participate in Hope Musical Theatre 2011 season.

I am aware that my child will be involved in the normal hazards of theatrical activities. In consideration of acceptance of this application, intending to be legally bound, hereby, for ourselves, our heirs, executors and administrators waive and release all rights and claims that may arise against Hope Musical Theatre, and any persons affiliated with this camp/workshops.

I give permission to the directors of Hope Musical Theatre to provide and approve immediate and responsible emergency care and transportation should it be required. Hope Musical Theatre reserves the right to dismiss campers without refund if either campers or parents interfere with the smooth operation of the camp/workshop program.

I hereby grant Hope Musical Theatre full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, internet, or photographs taken by Hope Musical Theatre and its agents of my child at Hope Musical Theatre.

I also authorize my son/daughter to participate in any athletic activities including dance or gymnastics during Hope Musical Theatre 2011 season and all rehearsals and or performances. I understand that with any athletic or physical activity, my son/daughter may risk physical injury. I release any liability or responsibility with Hope Musical Theatre and its instructors and choreographers.

HMT does not provide coverage through Workers' Compensation, and your own personal medical insurance is primary in case of bodily injury.

Please list any food allergies, health conditions, special needs, learning disabilities, behavioral issues, etc. of which we should be aware:

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### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

"Hold Harmless Agreement" The undersigned agrees to defend, indemnify and hold harmless, Hope Musical Theatre and its officers, employees, servants and agents thereof from any and all claims, suits or actions for injuries to persons, including death, and damage to property of others or of the undersigned that might arise from or result in any way from the operation of this Agreement.

PARENT NAME: (print) \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_