



# Triple Threat Performer 2025

## 2 WEEKS

**Mon-Fri, July 7 – July 18 | 9:30am-3:30pm | Cost \$850 | Ages: 9-16**

**Registration/Permission Letter/Hold Harmless Agreement** – A deposit of ½ the tuition is required upon registration. The balance of the tuition is due on or before June 7, 2024.

I give permission for my son/daughter \_\_\_\_\_ to participate in “The Triple Threat Performer Intensive” at The Palace in Stamford. I will hold harmless the Palace Theatre and its employees from and against all claims, damages, losses and expenses, including attorney’s fees arising out of and resulting from any injury/accident while participating in the two- week education program. Photographs may be taken during the 2 weeks and used for publicity purposes only. Parents / participant should consider any medical or emotional condition of the participant, which raise concerns about the participant’s involvement in this program.

Signature of Parent/Guardian: \_\_\_\_\_ Dated: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Child’s Age: \_\_\_\_\_

Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

### MEDICAL AUTHORIZATION

I hereby authorize the employees of The Palace to seek emergency medical treatment for the participant named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of an emergency.

Amount Paid \$\_\_\_\_\_ Make checks payable to: **The Palace** and mail with this form to: Carol Bryan, Dir. of Education Palace Theatre 61 Atlantic Street Stamford, CT 06901

Credit Card:  Amex  Visa  MC Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

### NAME OF PERSON/S DROPPING OFF AND PICKING UP AT THE PALACE THEATRE:

Name	Home Phone	Work Phone	Cell Phone	Relationship to Child
_____	_____	_____	_____	_____

### EMERGENCY CONTACT/S IF PARENTS CANNOT BE REACHED:

Name	Home Phone	Work Phone	Cell Phone	Relationship to Child
_____	_____	_____	_____	_____

Refund Policy: 100% refund if notified of withdrawal up to 10 days prior to the starting date of the class. 75% refund if notified of withdrawal less than 10 days prior to the starting date of the class.