

Irondale Drama Club Registration Form

The Academy of Arts and Letters

Student First Name: _____ **Student Last Name:** _____
Age: _____ **Grade:** _____

Parent/Guardian

Full Name: _____

Phone: ____-____-____ E-mail: _____

Allergies: _____

Medications/Disabilities/Special Needs: _____

Emergency Contact

Full Name: _____

Relation: _____ Phone: ____-____-____

Optional Photo/Video Release Form

We are honored to teach your child how theatre can benefit their life. We would like to market our programs to other schools and institutions in order to expand our mission of helping students all around New York City to experience the benefits of this training. As such, we hope you will allow us to use any photos or videos taken during our programs for advertising and on our website and social media. Your student will still be welcome in Drama Club if you choose not to sign this portion of the form.

Student Name: _____

I allow the reproduction of photos and videos of my child in future Irondale promotional materials including website, social media, and YouTube postings. My signature on this form indicates that I have read and understand the above agreement, and I understand that I am not required to sign this photo release.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Please contact Rima Dodd, Irondale Director of Education, with any questions at rima@irondale.org or at 718-488-9233 ex 223.