

**THEATRE & ART CLASS REGISTRATION FORM**  
**Lakewood Center for the Arts**  
**Lake Oswego, Oregon**

MAKE CHECKS PAYABLE TO LAKEWOOD THEATRE  
COMPANY

Class: \_\_\_\_\_

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

Age: \_\_\_\_\_

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

City, State,  
Zip: \_\_\_\_\_

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

Tuition:  
\$ \_\_\_\_\_

School Grade  
(for registrants under 18) \_\_\_\_\_

**Medical Consent And Release From Liability And Indemnifications:**

I, (as signed on the registration form) for myself and/or as parent/guardian of the named registered child, do hereby authorize employees of the Lakewood Theatre Company/Lakewood Center to consent to emergency medical or dental examination, treatments, etc., to be administered to the same in the event of accident or sudden illness during LTC/Lakewood Center programs. In addition, I agree that I am responsible for the said participants' transportation to and from the class or activity site. I hereby release and discharge the LTC/Lakewood Center, its officers, agents, and employees from any and all claims for personal injuries. I also agree that pictures taken during program hours may be used for future promotional purposes. The LTC/Lakewood Center does not provide any medical insurance for any participant in any program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Make checks payable to LTC, PO Box 274, Lake Oswego, OR 97034