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# ALLEGRA School OF Performing Arts

...with a mission

Allegra SPA is proud to be a vital part of arts education in our community.  
Our mission is to develop musical & artistic potential in an environment of  
creative educational discovery and most of all fun!

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## Acting Troupe Registration

### Student Information

First Name: \_\_\_\_\_

\_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

### Parent Information

#### Mother

First Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

#### Father

First Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

## Arts Background

What area of performance does the student enjoy most (i.e., acting, dancing, singing)?

## Has student participated in acting workshops previously?

Please provide a short bio of your child's performance accomplishments for future use in programs \_\_\_\_\_

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## Waiver:

I the adult applicant or I the parent or legal guardian of the applicant, hereby give approval of the applicant to participate in the Allegra Actor's Guild activities and do waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants and person involved in the operation of the Allegra SMA for any claim arising out of an injury to the named applicant.

I understand that in case of emergency every effort will be made to contact the emergency contact or me. In the event that we cannot be reached, I hereby give my permission to the physician to give appropriate treatment.

I give my permission for my or my child's photograph to be taken for use by the Allegra School of Music & Arts for use in course catalogs, program brochures, and annual reports and also for release to local newspapers.

X \_\_\_\_\_

Adult Applicant or Parent/Guardian Signature

Date

## Fees

All fees are payable upon registration in cash, by check or money order. All checks should be made payable to Allegra SMA.

X \_\_\_\_\_

Adult Applicant or Parent/Guardian Signature

Date

Please contact us at 908-874-4351 with any questions  
Thanks for your support of Music and Arts education.  
Remember Julliard is too far, we're right here in Hillsborough!