



# AFYP Winter/Spring 2008 Registration Form

(please use separate form for each enrollee)

Actor's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Returning AFYP student     Male     Female    School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

*(IMPORTANT! Please include for confirmation purposes)*

In order for us to best serve you, please list any allergies, medical concerns, physical or cognitive disabilities: \_\_\_\_\_

Previous classes taken, if not with AFYP: \_\_\_\_\_

## We would like to enroll in:

- Musical Theater Workshop  
Ages 5 - 7
- Musical Theater Workshop Ages 8+
- The Basics: Acting, Movement &  
Stage Combat (Ages 8+)
- Advanced Character Workshop I  
(Ages 13+)
- Improv Ages 8 - 11
- Improv Ages 12 - 17
- Acting For The Camera I Ages 8+
- Advanced Acting For The Camera  
Ages 10+
- Can't attend but interested in  
future classes

How we heard about AFYP:  
\_\_\_\_\_

Please make checks payable to  
**A Class Act/AFYP** or complete  
credit card information and mail to:  
**A Class Act/AFYP**  
**5506 Talon Court, Fairfax, VA 22032**

If paying by credit card, you may fax to  
703-250-0705.

**SIBLING/MULTIPLE CLASS DISCOUNT: \$5 off**  
of each registration for **EACH** enrolled family member!

**TOTAL TUITION:** \$ \_\_\_\_\_  
(cost varies per class)

Less Sibling or Multiple Class discount: \$ \_\_\_\_\_  
(if applicable)

**TOTAL AMOUNT ENCLOSED:** \$ \_\_\_\_\_

## PAYMENT

- Check enclosed, made payable to **A Class Act/AFYP**
- Please charge my Credit Card
  - Visa     Mastercard     AmEx     Discover

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

Account Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Card Verification Number: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Registration Deadline:**  
**January 18, 2008**

**RELEASE AGREEMENT:** *Although every effort is made to provide a safe environment, Parent/Guardian should recognize that there is always a risk of accident. Parent/Guardian agrees to be responsible for any medical bills incurred resulting from illness or injury during child's participation in AFYP programs. Families are expected to carry their own accident and medical insurance and should agree to hold harmless AFYP, City of Fairfax COA, and Grace Church from any and all liability and/or claims or damages arising out of personal injury of any kind. If necessary, Parent/Guardian authorizes AFYP to administer first aid and/or authorize medical treatment for program participant..*

*I have read and understand all program information, and hereby grant permission for the child named above to participate in AFYP's program:*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date