



## Extreme Idol Enrollment form

Participants name: \_\_\_\_\_ Age as of April 24: \_\_\_\_\_

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

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

### Parent or Guardian Information

First Parent/Guardian: \_\_\_\_\_

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

Work Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Second Parent/Guardian: \_\_\_\_\_

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

Work Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Emergency Contact Information

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

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### Payment Information

To hold a spot in the program please send \$25.00 entrance fee along with this fully completed packet to:

Extreme Kids Theatre Workshop, LLC

P.O. Box 991262

Louisville, KY 40269

If you have questions, contact Jodi Karem via e-mail ([jodi@extremekidstheatre.com](mailto:jodi@extremekidstheatre.com)) or phone (502-408-5406)



## Photo Release Form

I give permission to Extreme Kids Theatre Workshop llc, to take and publish photographs, digital images and /or videotaped images of my child for news, advertising and/or promotional purposes in print and electronic media. I understand that I will not be compensated for any photograph or other images which may be used in this capacity, or which would be sold to participants, their families, or friends.

I agree that Extreme Kids Theatre Workshop llc, shall not be liable for any claims, demands, actions, or causes of action of any sort whatsoever resulting from the publication of these photographs or other images. I do hereby forever release and discharge Extreme Kids Theatre Workshop llc, offices, employees, agents or servants from all such claims, demands, actions or causes of action.

Participant's Full Name: \_\_\_\_\_

Parent/ Guardian Full Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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