



**Los Angeles Theatre Academy - LATA**  
**After-school Theatre and Performing Arts Program 2026-2027**  
*One form per ensemble member is required*  
**PLEASE PRINT CLEARLY**

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

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

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

Parent/Guardian's email: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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*Theatre and Performing Arts After School Program*  
*Ages 5 to 12*  
*Monday, Wednesday - Friday 2:30pm - 6pm - Tuesday's 1:30pm to 6pm*  
*Elysian Park Recreation Center*  
*929 Academy Road*  
*Los Angeles, Ca 90012*

*Monthly Tuition*  
*\$450 with Van transportation from school to LATA*  
*\$325 walk up from Solano or Drop off to LATA*

*Theatre Art classes include:*  
*Acting, Stage combat,*  
*Movement, Dancing, Art, Prop Making, Singing, Costume Design ...*

*For more information and questions please call or text:*  
*(323) 717-4188*  
*Or email:*

*Email: [losangelestheatreacademy@gmail.com](mailto:losangelestheatreacademy@gmail.com)*

**Los Angeles Theatre Academy is a 501(c)(3) Non - Profit Organization**



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**Parent/Guardian Information**

Name: \_\_\_\_\_ Driver's License: \_\_\_\_\_

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

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

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

- Are there any activities he/or she should not participate in? \_\_\_\_\_

Does your child have any allergies, special physical, behavioral and/or needs our staff should be aware of? Please Explain: \_\_\_\_\_

**Health Information**

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Carrier of family medical/hospital insurance and policy# : \_\_\_\_\_

**Emergency Contact/Child Release Authorization**

The Los Angeles Theatre Academy has my unrestricted permission to release the named minor at any time to the following individuals and to contact them in case of an emergency if the parents/guardians are unavailable.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



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**PARENT/GURADIAN CONSENT**

\***PHOTO RELEASE:** The Los Angeles Theatre Academy or its assigned agents has my permission to use images (digital, film, tape or video) of my child for promotion of LATA Theatre and Performing Arts Program.

\***REFUND POLICY:** NO Refunds. NO Prorated Tuition.

\***LATA TUITION:** Tuition is due on the first of each month. Tuition is the same amount whether or not Ensemble members attend LATA everyday.

\***ENROLLMENT POLICY:** Ensemble members register and commit to LATA for the entire school year. No semester or month to month enrollment.

\***ATTENDANCE POLICY:** Ensemble members are required to attend LATA everyday during rehearsals for performances.

\***PRODUCTIONS:** We do 2 Productions a year, Fall/Winter and Spring. Participation in productions is optional.

\***LATE PICK UP:** Pick up is NO later than 6pm. A late fee will be added to Tuition.

\*\* I give permission for my child to participate in the Los Angeles Theatre Academy's Theatre Arts and Performance Program activities.

\*\* I agree to hold harmless the Los Angeles Theatre Academy and it's officials, agents or employees, for injury to my child as a result of participation in the Los Angeles Theatre Academy's Theatre Arts and Performance After school Program as well as during transportation from school to LATA program. I also understand that any participant who does not cooperate with the program staff may lose privileges to program activities ad may be expelled from the Program.

**\*MEDICAL CONSENT**

As the parent, Legal guardian or authorized representative, I hereby give consent to the Los Angeles Theatre Academy After school Program to provide all emergency dental or medical care prescribed by a duly licensed physician (MD or DR) or Dentist (DDS) for the above named. This care may be given under whatever conditions are necessary to preserve the life, limb or web being of the child.



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**ENSEMBLE PARTICIPATION AGREEMENT**

- Participant agrees to abide by the rules and regulations set by the program for the health, safety and welfare of the participants.
- All medications will be brought directly to the staff in accordance with the Policy.
- Willful destruction of property will be the responsibility of the participant's parent/guardian.
- LATA is not responsible for lost, damaged or stolen personal belonging.

\*\*\* The Program Director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary. We reserve the right to refuse/dismiss any participant from the program at the parent/guardian's expense and liability for violating any of the above \*\*\*

By signing below I understand and agree:

- I have read and understand the parent/guardian consent.
- The named minor has my permission to participate in LATA programs.
- I give my permission for any pictures and or video taken of my child participating in LATA events to be used for publicity purposes.

Printed name of Parent/Guardian \_\_\_\_\_

I have read, understand and agree to all of LATA's After School Theatre and Performing Arts Program information detailed in this registration form.

Signature of Parent/Guardian: \_\_\_\_\_

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

**Please submit your completed registration form via email**

*losangelestheatreacademy@gmail.com*

*Any questions, call/text/email - (323) 717-4188*

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