



**Los Angeles Theatre Academy - LATA  
Theatre and Performing Arts Summer Program 2024**

*Please Print Clearly  
One form per ensemble member*

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

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

Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent(s)/Guardian's Email: \_\_\_\_\_

June 17th - August 9th 2024  
Elysian Park Recreation Center - 929 Academy Road, L.A. 90012  
Monday thru Friday - Ages 5 -12  
8am to 5pm

**\*\*\*Tuition Payment is due the week before your Ensemble member begins\*\*\***

Please Fill in the week(s) below ...

LATA is Closed Wednesday June 19th, Thursday July 4th and Friday July 5th

<b>One time \$50 Registration Fee (per child)</b>	<b>\$</b>
_____	_____
<i>Week 1 June 17th - June 21st</i>	<b>\$</b>
_____	_____
<i>Week 2 June 24th - June 28th</i>	<b>\$</b>
_____	_____
<i>Week 3 July 1st - July 5th</i>	<b>\$</b>
_____	_____
<i>Week 4 July 8th - July 12th</i>	<b>\$</b>
_____	_____
<i>Week 5 July 15th - July 19th</i>	<b>\$</b>
_____	_____
<i>Week 6 July 22nd - July 26th</i>	<b>\$</b>
_____	_____
<i>Week 7 July 29th - August 2nd</i>	<b>\$</b>
_____	_____
<i>Week 8 August 5th - August 9th</i>	<b>\$</b>
_____	_____

**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/ENSEMBLE RELEASE AUTHORIZATION**

The Los Angeles Theatre Academy (LATA) 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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\*\*\* **REFUND POLICY:** There are NO Refunds.

\*\*\* **PICK UP:** Pick up is No later than 5pm. There is a \$20 late fee ADDED to Tuition payment.

\*\*\* **TUITION PAYMENT:** Tuition is DUE a week before your Ensemble member begins. A \$25 late payment fee is added to Tuition payment.

\*\*\* **ENSEMBLE MEMBERS:** Must wear closed toe shoes, Bring a water bottle, Sunscreen and a Morning snack.

\*\*\* **LATA LUNCH:** LATA provides free lunch and afternoon snack to all ensemble members. Parents are welcome to pack a lunch and/or extra snack for their ensemble member if they choose.

**PARTICIPATION AGREEMENT**

- Ensemble member agrees to abide by the rules and regulations set by Los Angeles Theatre Academy's (LATA) program, for the health, safety and welfare of the all ensemble members.
- Willful destruction of property will be the responsibility of the Ensemble members Parent and/or Legal Guardian. And may be expelled from the program.
- LATA is not responsible for lost, damaged or stolen personal belongings.
- Ensemble members must remain within the established boundaries wherever the program occurs.

**MEDICAL CONSENT**

- As the Parent/Legal guardian or authorized representative, I hereby give consent to Los Angeles Theatre Academy Summer Camp Program to provide all emergency dental or medical care prescribed by a duly licensed physician (MD or DR) or Dentist (DDS).
- This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child (Ensemble member).

**PARENT/GUARDIAN CONSENT**

\*\*\* I give permission for my child to participate in Los Angeles Theatre Academy's activities.

\*\*\* I agree to hold harmless Los Angeles Theatre Academy and its officials, agents or employees, for injury to my child as a result of participation in the Los Angeles Theatre Academy's Theatre and Performing Arts Summer Camp Program.

\*\*\* I understand that if anytime the Ensemble member does not cooperate with the program staff the Ensemble member may lose privileges to program activities and may be expelled from the Program.

\*\*\* I give my permission for Los Angeles Theatre Academy (LATA) 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.



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*\*\*\* 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 dismiss any ensemble member from the program at the Parent and/ or Legal Guardian's expense and liability for violating any of the above\*\*\**

**By signing below I agree that:**

- I have read and understand the parent/guardian consent
- The named ensemble member has my permission to participate in LATA programs and Field Trips (Hikes on the trails in our surrounding Elysian Park).
- I give permission for any pictures taken of my child (ensemble member) participating in LATA events to be used for publicity purposes only.
- I have, understand and agree to all of LATA's Program information outlined in this registration form.

**Print Name of Parent/Legal Guardian:** \_\_\_\_\_

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*Please Email Registration Form and any questions to:  
**losangelestheatreacademy@gmail.com***

*You'll receive a confirmation email of enrollment with tuition payment instructions.  
Tuition Payment Options - Zelle or Venmo*

*Phone or Text: (323) 717-4188*

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