

Registration Form

Headshot



Full Day Acting Training Lab In NYC Program October 28, 2023.
The time is 11AM-7PM.

Basic Information

Name

Date of Birth

Phone Number

Email

VideoPhone Number

Sex

Male

Female

Non-Binary

Address

Please Check the Box

Deaf

Hard of Hearing

Hearing

Subjects of Interest:

Method Acting

Scenes Study

Actor's Etiquette

Nonverbal Communication

Improv Acting

Effective Memory Technique

Intimacy Character Acting

Public Persona: How To Cultivate Public Speaking Skills and During Media Interviews

Must have a strong interest in the media or entertainment industry.
Creating pathways to employment for Deaf/Disabled Adult Creatives
in the Film/TV Industry.

DeafTalentCreativeLab@Gmail.com

Emergency Contact and Medical Information:

Participant's Emergency Contact:

1. Emergency Contact Name:

◦ Full Name: _____

2. Relationship to Participant:

◦ Relationship: _____

3. Emergency Contact Phone Number:

◦ Phone Number: _____

Medical Information:

1. Medical Conditions:

◦ Do you have any known medical conditions, allergies, or dietary restrictions that the program staff should be aware of? If yes, please specify:

[] No

[] Yes, please specify: _____

2. Current Medications:

◦ Are you currently taking any medications? If yes, please list them and provide details (e.g., dosage, frequency):

[] No

[] Yes, please list medications and details: _____

3. Allergies:

◦ Do you have any allergies (e.g., food, medication, insects, etc.)? If yes, please specify the allergen and the reaction:

[] No

[] Yes, please specify allergies and reactions: _____

1. Additional Medical Information:

- Is there any other medical information or special considerations that you would like to share with the program staff to ensure your safety and well-being during the DTCL: Full Day Acting Training Lab In NYC program? Please provide details:

2. No Yes, please specify: _____

Consent:

I, Participant's Full Name: _____, hereby grant permission for the program staff to access the emergency contact and medical information provided above in the event of a medical emergency or if it is necessary to ensure my safety and well-being during the DTCL: Full Day Acting Training Lab In NYC program.

Date: _____

Agreement and Signature:

By submitting this registration form, I, Participant's Full Name, acknowledge and agree to the following terms and conditions for participation in the Deaf Talent Creative Lab (DTCL): Full Day Acting Training Lab In NYC program:

1. Program Participation:

- I understand that my participation in the DTCL: Full Day Acting Training Lab In NYC program is subject to acceptance by the program administrators based on my application and availability.

2. Payment Terms:

- I agree to the payment terms outlined in the "Payment Information" section of this form, including the class tuition.

3. Program Policies:

- I will adhere to all program policies and guidelines, as communicated by DTCL. This includes but is not limited to attendance requirements, behavior expectations, and respect for fellow participants and program staff.

4. Liability Waiver:

- I acknowledge that participation in the DTCL: Full Day Acting Training Lab IN NYC program may involve physical activities. I release DTCL, its staff, and affiliates from any liability for accidents or injuries that may occur during program activities.

5. Photography and Filming:

- I grant DTCL the right to photograph and record my participation in the program for promotional and educational purposes.

6. Refund Policy:

- I understand that the application fee is non-refundable. Refunds of the class tuition is subject to the program's refund policy.

7. Cancellation and Withdrawal:

- I acknowledge that if I choose to withdraw from the program or if my participation is terminated due to violation of program policies, the refund of fees will be determined based on the program's cancellation and withdrawal policy.

8. Signature:

- By typing my full name below, I electronically sign and agree to all terms and conditions outlined in this agreement.

Signature:_____

Date:_____

Username of Cashapp:

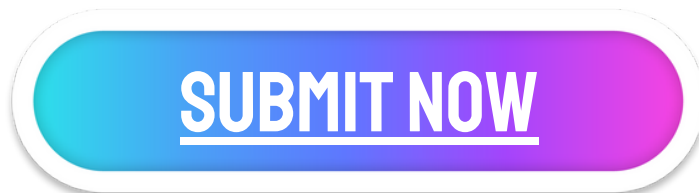
Now, save it as

“DTCL: Full Day Acting Training Lab In NYC Registration Form “.

Then, come back for this CASH App.



Click this green button then pay



Click this Submit button then You will see the email appear then make sure to open and add the attachment with the PDF Form:

“DTCL: Full Day Acting Training Lab In NYC Registration Form”

Finally, Send the email to us and you are done!