



Membership Form

Teen Council is for Bay Area students, grades 9-12.

CONTACT INFO: (please print clearly)

Teen First and Last Name Teen Personal Email * Teen Cell Phone

_____/_____/_____
Birthdate _____
High School _____
Grade

Guardian Name & Relationship Guardian Email * Guardian Phone

Address _____
City _____
State _____
Zip Code

** By providing your email address, you're signing up to receive online correspondence from Berkeley Repertory Theatre, which will be the primary form of communication with the Berkeley Rep School of Theatre. You can tailor your personal account to receive the type of information you want after you are signed up and you can unsubscribe at any time. Your email address will never be traded or sold.*

EMERGENCY INFO:

Please list any pre-existing medical conditions that the School of Theatre should be aware of below:
(Attach sheet if necessary)

Emergency Contact Name / Relationship Emergency Contact Phone Number

MEDIA RELEASE:

I give Berkeley Repertory Theatre the absolute rights and permission to publish and/or copyright photographs and/or video of myself. These photographs/video may be used in perpetuity for marketing and publicity purposes in any medium without compensation to me. I hereby waive any right to inspect or approve the finished product including the written copy that may be created with said photographs.

Teen Signature _____
Date

Parent / Guardian Signature _____
Date