

*Wolfeboro Area Creative Arts Center*

**Registration Form**

(Please fill in blanks that are applicable to you.)

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Student's Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Current Grade in School \_\_\_\_\_

Student lives with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other: \_\_\_\_\_

Class registering for: \_\_\_\_\_ Male \_\_\_ Female  
(Summer Theatre -\$50.00 Deposit) \_\_\_\_\_

Parent's or Guardians' Name(s) \_\_\_\_\_

Mailing address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Person Responsible for Tuition (if different) \_\_\_\_\_

Mailing address \_\_\_\_\_

**Emergency Contact if parent or guardian cannot be reached immediately:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Does the student have any physical limitations of which the instructors should be aware?

*Please Complete Both Sides of this Form*

Wolfeboro Area Creative Arts Center

www.wolfeboro-arts.org

PO Box 1403

Wolfeboro, NH 03894

603 569-7979

## *Liability Disclaimer*

Wolfeboro Area Creative Arts Center and its instructors are not liable for personal injuries or loss of or damage to personal property. Since some activities require physical activity, injuries may occur. Each student may decline to participate in any activity which he or she (or parent, if child is under 18) deems harmful. The student (or parent, if child is under 18) is responsible to inform the instructor of any physical limitations which may prevent full participation in class(es).

\_\_\_\_\_ Initials

## *Medical Emergency Statement*

(For children under 18)

Child's primary care physician \_\_\_\_\_ Phone \_\_\_\_\_ . I hereby give permission for Wolfeboro Area Creative Arts Center to give my child simple first aid when necessary or, in the event of a more serious accident, for my child to be transported to a hospital or other emergency medical facility to be chosen by the Executive Director to receive medical treatment. I also authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child.

\_\_\_\_\_ Initials

## *Photograph/Video Release*

I authorize Wolfeboro Area Creative Arts Center to use without compensation any photos and/or video of myself or my child participating in the classes, activities, and events of the organization for Art, Public Access Television, Commercial Television, and for Promotional and Advertising purposes (to include newspapers, brochures and our web site).

\_\_\_\_\_ Initials

Please understand that upon registration, a place is reserved for you or your child for the entire session for which you have registered. You are responsible for tuition for that entire time period.

I have read and agree to abide by all rules and policies as stated above.

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

Please complete both sides of this form. Thanks.

Summer Theatre Applicants:

Do you plan on participating in the July 4<sup>th</sup> parade?    \_\_\_\_\_ yes    \_\_\_\_\_ no

What is participant's t-shirt size?    Child    sm    med    lg    Adult    sm    med    lg.    xlg.