

Wolfeboro Area Creative Arts Center

Summer Theatre Registration

Student's First Name _____ Last Name _____ Gender (circle) M F

Student's Age _____ Birth Date _____ Grade Completed This Year in School _____

Enclosed: Non-Refundable Deposit \$ 50.00 _____ (Not Applicable if paying in full)
 Full Early Registration \$350.00 _____ (Postmarked by May 1st)
 Full Registration \$395.00 _____ (After May 1st - less \$50 dep fee if paid)
 2nd Student Registration \$285.00 _____ (At any time)
 One Week Program \$175.00 _____ (Please inquire)

Parent's or Guardian's' Name(s) _____

Mailing Address _____

Town/City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Off-Season Mailing Address _____

Town/City _____ State _____ Zip _____

Emergency Contact - If Parent or Guardian Cannot be Reached Immediately

Name _____ Relationship _____

(circle) Home or Work Phone _____ Cell Phone _____

Does your child plan on participating in the 4th of July parade? Yes _____ No _____

What is your child's t-shirt size? (circle) **Child:** Sm. Med. Lg. **Adult:** Sm. Med. Lg. X-Lg.

Does your child have any physical limitations or allergies of which the instructors should be aware?

Is there anything else you would like us to know about your child's needs? I.e: If your child is 'shy', list the name of a child that is a "safety buddy". We would like to have this available for scheduling if this is a concern for him/her.

Please complete BOTH forms...

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 years old) 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

Photography/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 website) _____ 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 mail forms with Deposit or Full Registration to:

WACAC

P.O. Box 1403

Wolfeboro, NH 03894