

Kids Workshop 2008 "Disney's Sleeping Beauty for Kids!"

Registration Form

Name _____ Age ____ Tshirt Size _____

Address _____

City, State, Zip Code _____

Parent/Guardian Name _____

Parent/Guardian Address (if different) _____

City, State, Zip Code _____

Emergency Contact Name/Phone Number _____

Email Address _____ Cell Phone _____

Check enclosed for: Deposit \$50.00 _____ Full Workshop Fee \$150 _____

Dates of Workshop: Aug. 3 – Aug. 15, 2008 Performances Aug. 15, 16, 17, 2008

How did you hear about the workshop? _____

Deposit is non-refundable after 6/30/2008

WAIVER:

I give permission for my child, _____, to participate in Port Orchard Community Theater's Kids Workshop. I understand that safety precautions will be taken during all activities and that there will be adult supervision at all times. In the event that an accident does occur, I will not hold Port Orchard Community Theater, its employees or volunteers, responsible for any accidental injuries. If emergency treatment or advice is considered necessary by Port Orchard Community Theater staff, I understand that the listed physician and parent/guardian will be notified. If we cannot be reached, I authorize Port Orchard Community Theater to arrange whatever emergency treatment is considered necessary.

Please list any medical conditions or allergies that Port Orchard Community Theater needs to be aware of: _____

Physician's Name _____ Phone # _____

Hospital _____

Signature of Parent/Guardian _____ Date _____