



2017 Summer Registration Form

(If 18 or younger)

(Spring 2017)

Student Name: _____ **DOB:** _____ **Age:** ____ **Grade:** ____
Mother/Guardian Name _____ **Father/Guardian Name** _____
Street Address _____ **City** _____ **State** ____ **Zip** _____
Home Phone _____ **Email** _____
Mom Cell Phone _____ **Mom Work Phone** _____
Dad Cell Phone _____ **Dad Work Phone** _____
Emergency Contact _____ **Relationship** _____
Emergency Contact Phone _____ **Phone Type:**(cell, home, work)
How did you hear about the program: _____

PERMISSION AND LIABILITY WAIVER: I have read and agree to the enclosed and posted policies. I hereby give my child permission to participate in PAC Summer Theater Workshops and release PAC and its personnel from liability for accidental injury or damage to or loss of property. Initial: _____ Date: _____

PERMISSION TO USE PHOTOGRAPHS AND/OR VIDEO: Please initial below if you give permission for PAC to use photos and/or video of your child on our website or promotional materials. Initial: _____ Date: _____

REGISTRATION FEE: (\$25/student if not paid since 9/1/16 ~ \$50 max/family per yr)	\$25	\$
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Grades 3-8	Mon-Fri 9:00-4:00	Tuition	Multi-Program or Sibling Discount (\$25) per wkshp	Early Bird Discount (\$25) per wkshp-by 04/01/17	CC + 15	Total
Workshop 1 - 06/21-06/25	Legends from Brazilian Folklore	\$325				\$
Workshop 2 - 06/26-07/07	Alice in Wonderland Jr. (no class 7/4/17)	\$600				\$
Workshop 3 - 07/10-07/21	The Little Mermaid Jr.	\$650				\$
Workshop 4 - 07/24-08/04	The Lion King Jr.	\$650				\$
Workshop 5 - 08/07-08/18	The Music Man Jr.	\$650				\$

Grades K-2	Mon-Fri 9:00-12:30 and/or 12:30-4:00	Tuition	Multi-Program or Sibling Discount (\$15) per wkshp	Early Bird Discount (\$25) per wkshp-by 04/01/17	CC + \$15	Total
Workshop 1 - 07/10-07/14 Workshop 2 - 07/17-07/21 Workshop 3 - 07/24-07/28 Workshop 4 - 07/31-08/04 Workshop 5 - 08/07-08/11	Peter Pan Charlie & Choc Factory Mixed Up Fairy Tales Seuss-A-Rama Under the Big Top	\$175 ½ Day \$325 Full				\$

Grades 9-Adult	Tues, Thurs & Sun 6:00-9:00	Tuition	Program Ad Commitment	T-shirt	CC + \$5	Total
Show: The Wedding Singer Show Dates: Aug 11-13	Rehearsals: Start June 06 Auditions May 30	\$350	½ page	\$15		\$

\$100 Deposit per Program Due with Registration ~ Tuition Balance Due 6/1/17	TOTAL	\$
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Office Use Only:

Email Confirmation Sent: _____

Date: _____	Cash	CC/CoCard	Check# _____	Paid: \$ _____	Bal. Due: \$ _____
Date: _____	Cash	CC/CoCard	Check# _____	Paid: \$ _____	Bal. Due: \$ _____



Agreement to Policies and Waivers (Classes & Workshops)

PLEASE NOTE: Students may not attend class or workshop until this form has been signed and returned to the office with payment, or arrangements have been made for a payment plan.

Payment: I understand that payment is expected at the time of registration, and **must** be received by the PAC office on or before the first day of class or workshop. A payment plan for programs is available by prior arrangement with the office for an additional \$15 fee. I understand there will be a \$15 late fee if tuition is not paid by the end of the first class or lesson of a semester (unless prior arrangements have been made with the office).

Refunds: I understand there are no refunds for lessons, classes, workshops, productions, or registration fees unless a program is cancelled. PAC reserves the right to consolidate classes or substitute instructors when necessary and appropriate.

Waiver:

If Adult:

I agree to waive Performing Arts Center of MetroWest (PAC) and its staff, faculty, and board of directors, from liability for accidental personal injury or damage to or loss of property.

If registering child:

I give my child permission to participate in the summer workshops at the Performing Arts Center of MetroWest (PAC) and agree to waive PAC and its staff, faculty, and board of directors, from liability for accidental personal injury or damage to or loss of property.

Permission to Use Photos and/or Videos

By registering myself or my child for lessons, classes, or productions at PAC, I give the Performing Arts Center of MetroWest (PAC) permission to use photos and/or video of my child (or myself, if an adult student) for publicity purposes. Parents who do not wish their child's photo to be used must contact the PAC office.

STATEMENT OF HEALTH: I hereby certify that I/my child is healthy and may participate in all activities related to the summer theater workshops.

Please list any allergies, health concerns, or necessary accommodations for your child:

I have read and agree to the enclosed and posted policies:

Signature: _____ **Date:** _____

Student, or parent, if student is under 18

Student Name: _____ **Workshop:** _____