



## 2018 Summer Registration Form

(If 18 or younger) (Spring 2018)

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: \_\_\_\_\_

<b>REGISTRATION FEE:</b> (\$25/student if not paid since 9/1/17 ~ \$50 max/family per yr)	\$25	\$
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Grades 2-8	Mon-Fri 9:00-4:00	Tuition	Multi-Program or Sibling Discount (\$25 per workshop	Early Bird Discount (\$25 per workshop by 04/15/18	CC + \$15	Total
Workshop 1 07/16-07/27	Legally Blonde Jr.	\$700				\$
Workshop 2 07/30-08/10	Annie Jr.	\$700				\$
Workshop 3 08/13-08/24	High School Musical 2 Jr.	\$700				\$

\$100 Deposit per Program Due with Registration Tuition Balance Due 6/1/18	<b>TOTAL</b>	\$
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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:

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Student, or parent, if student is under 18

**Student Name:** \_\_\_\_\_ **Workshop:** \_\_\_\_\_

3 Maple Street, Framingham, MA 01702 ~ (508) 875-5554

www.pacmetrowest.org ~ [pac@pacmetrowest.org](mailto:pac@pacmetrowest.org)