

PERFORMING ARTS CENTER OF METROWEST



MUSIC THEATER DANCE FOR ALL
pacmetrowest.org

2020 Summer Theater Registration Form

(If 18 or younger)

(Spring 2020)

Student Name: _____ DOB: _____ Age: _____ Grade: _____

Parent/Guardian Name (1) _____ Parent/Guardian Name (2) _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____

P/G (1) Cell Phone _____ P/G (1) Work Phone _____

P/G (2) Cell Phone _____ P/G (2) 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 Playhouse 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 that you give permission for PAC to use photos and/or a video of your child in the program film and on our website or promotional materials. Initial: _____ Date: _____

REGISTRATION FEE: (\$30/student if not paid since 9/1/19 ~ \$50 max/family per yr) \$30 \$

Grades 3-9	Mon-Fri 9:00-2:00	Tuition	Sibling Discount (\$50)	Early Bird Discount (\$50) (by 03/15/20)	CC + \$15	Total
A Virtual Tribute to Broadway Thru the Decades – a special PAC remote Covid/friendly learning project	JULY 6 – 31 9am to 11am Screen time w/instructors 11am to noon Lunch break and hands-on home projects Noon to 2pm Screen time w/instructors	\$1050.				\$

\$200 Deposit per Program Due with Registration Tuition Balance Due 6/15/20	TOTAL	\$
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Office Use Only:
Email Confirmation Sent: _____

Date: _____	Cash CC/CoCard Check# _____	Paid: \$ _____	Bal. Due: \$ _____
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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 a non-refundable deposit is expected at the time of registration to hold a spot for my child in PAC'S Summer Theater Playhouse, and the payment balance **must** be received by the PAC office on or before June 15, 2020. Registrations received after June 15, 2020 must pay in full at the time of registration. 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 June 15, 2020 (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: _____
Student, or parent, if student is under 18

Date: _____

Student Name: _____

Workshop: _____

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