



Registration Info

SUMMER 2010

Student Information:

Student name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Home phone: _____ Emergency/Work phone: _____

Age: _____ Birthday (M/D/Y): _____ Free T-Shirt (\$15 after June 1st) - Size: child adult _____

School: _____ Grade in FALL 2010: _____

Parent/Guardian(s): _____

Class Information: (Check all that apply. Students grade level is the grade they will be entering in the Fall of 2010)

- | | | |
|--|---|--|
| <input type="checkbox"/> Around the World in Fairy Tales
Kindergarten - 1st Grade
July 5-9 • 9-11 am • \$75 | <input type="checkbox"/> The Actors Studio
2nd - 7th Grade
July 12-16 • 9 am-4 pm • \$140 | <input type="checkbox"/> I Want to Audition!
7-11 year olds
August 21 • 9-10:30 am • \$20 |
| <input type="checkbox"/> Vacation on Mars
2nd - 3rd Grade
July 5-9 • 12-4 pm • \$90 | <input type="checkbox"/> Theatre Time Travel
7th - 12th Grade
July 26-30 • 9 am-4 pm • \$140 | <input type="checkbox"/> I Want to Audition!
12-16 year olds
August 21 • 11-1 pm • \$20 |
| <input type="checkbox"/> Journey Through the Creation of a Musical
4th - 7th Grade
July 19-23 • 9 am-4 pm • \$140 | <input type="checkbox"/> Introduction to Theatre Makeup
7th - 12th Grade
July 31, August 7 and 14th • 9-11 am
\$65 (includes individual makeup kit) | |

Payment Information: (Make checks payable to Class Act Productions)

Total Costs: \$ _____

- * If you do not want your child photographed in possible news stories and CAP promotions, please notify us in writing.
- * Any requests for changes or refunds must be made one week prior to your first class to qualify for a refund minus a \$10.00 processing fee. No refunds will be given after your first class, but full credit will be given towards tuition for a future class, to be used within a year from cancellation.
- * We reserve the right to cancel any class if lacking the appropriate participation/signups. If your class is cancelled by CAP you will be given a full refund.
- * Lunch is not provided in the class fees. Students will need to provide a daily lunch and snack from home.
- * Register by June 1st to guarantee a camp t-shirt. (No t-shirts are given for the "I Want to Audition!" or "Introduction to Theatre Makeup" classes)



Health Consent

SUMMER 2010

Health/Consent Information: (Must be completed for all class participants)

Student name: _____

Emergency contact person (other than parent): _____

Relationship to child (grandmother, aunt, neighbor, etc.): _____

Emergency contact person's phone(s): _____

Physician's name: _____ Phone: _____

Hospital preferred: _____

Please note any allergies, physical or health conditions of which we need to be aware: _____

Current medications: _____

Please note any special needs of your child: _____

Authorization for treatment:

By entering my name below, I hereby give my permission to the medical personnel selected by Class Act Productions staff to give medical attention to and necessary transportation for the child named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Class Act Productions staff to secure and administer treatment, including hospitalization, for the child named above.

Parent/Guardian signature: _____ Date: _____