

# YTI

## Your Kids' Theatre

Intensive Summer Workshop July 9 to 19, 2007

### REGISTRATION FORM FOR CLASSES

Please print out form, fill out all sections and mail form with payment to Your Theatre, Inc., 136 Rivet St. New Bedford, MA 02744

Please feel free to call us with any questions at 1 508-993-0772

Student Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Age \_\_\_\_\_ M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_  
E-mail address \_\_\_\_\_

Parent Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_  
E-mail address \_\_\_\_\_

To aid us with any special circumstances for your child, please list any physical conditions, allergies and special needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION**

Physician Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Parent Agreement:**

1. I am enclosing a \$80 deposit for enrollment of my child in YTI's "YOUR KIDS' THEATRE". I understand that the balance of \$80 must be paid on or before the first class session. All fees paid minus \$15 are refundable if cancellation is tendered by 06/25/2007. No refunds will be made after that date. No deduction allowed for late starters, withdrawals, or dismissal.
2. I understand that I am responsible for my child's health, accident and hospitalization insurance.
3. I understand that drinking, smoking, or the possession of alcohol, tobacco, weapons, or illegal substances; stealing, threats, acts of violence, or sexual contact of any kind will result in immediate dismissal from the program.
4. I, the undersigned, fully understand and agree that Your Theatre, Inc, it's Board of Governors, St. Martin's Church (owners of the studio facility), the instructors and staff of Your Theatre, Inc.'s "YOUR KIDS' THEATRE" shall be free of any liability from claims arising by reason of any injury or illness of a student, parent or guardian while on St Martin's Church property.

Permission is hereby granted to transport my child to a doctor or medical facility in case of illness or injury and to authorize emergency treatment when unable to locate parent.

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_