

2007 Registration Form

Wolfeboro Area Creative Arts Center

PO Box 1403 Wolfeboro, NH 03894

603 -569-7979

www.wolfeboro-arts.org

1. Student's First Name _____ Last Name _____

2. New Student _____ Returning Student _____ Male _____ Female Child _____

3. Student's Age _____ Birth Date _____ Current Grade in School _____

4. Class or Workshop interest: _____

5. Student lives with: Both Parents _____ Mother _____ Father _____ Other _____

6. Parent's or Guardians' Name(s) _____

7. Mailing address _____

Town/City _____ State _____ Zip _____

8. Person Responsible for Tuition (if different from above) _____

9. Billing address (if different from above) _____

Town/City _____ State _____ Zip _____

10. Home Phone _____ Cell Phone _____

11. Work Phone _____ Cell Phone _____

12. Email: _____

13. Registration Fee: \$10.00/Student _____ \$25.00/Family _____

14. Non-Refundable Summer Theatre Deposit \$50.00 _____

EMERGENCY CONTACT if parent or guardian cannot be reached immediately:

Name _____ Relationship _____

Phone _____ Cell Phone _____

Does this student have any physical limitations of which the instructors should be aware?

How did you hear about the Arts Center? Flyer _____ Newspaper _____ Website _____ Friend _____ Other _____

Please complete both sides of this form, Thanks.

Liability Disclaimer

Wolfeboro Area Creative Arts Center and its instructors are not liable for personal injuries or loss of or damage to personal property. Since some activities require physical activity, injuries may occur. Each student may decline to participate in any activity which he or she (or parent, if child is under 18) deems harmful. The student (or parent, if child is under 18) is responsible to inform the instructor of any physical limitations which may prevent full participation in class(es).

_____ Initials

Medical Emergency Statement

(For children under 18)

Child's primary care physician _____ Phone _____ I hereby give permission for Wolfeboro Area Creative Arts Center to give my child _____ simple first aid when necessary or, in the event of a more serious accident, for my child to be transported to a hospital or other emergency medical facility to be chosen by the Executive Director to receive medical treatment. I also authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child.

_____ Initials

Photograph/Video Release

I authorize Wolfeboro Area Creative Arts Center to use without compensation any photos and/or video of myself or my child participating in the classes, activities, and events of the organization for Art, Public Access Television, Commercial Television, and for Promotional and Advertising purposes (to include newspapers, brochures and our web site).

_____ Initials

Please understand that upon registration, a place is reserved for you or your child for the entire session for which you have registered. You are responsible for tuition for that entire time period. If you wish to withdraw yourself or your child from a class, we must have written notification one week in advance, or tuition may not be refunded.

Tuition is due by the first class of the month or session. A \$10.00 late fee will be charged if payment is not received by the second class of the month.

I have read and agree to abide by all rules and policies as stated above and in the 2004 brochure.

Signature

Date

Please complete both sides of this form, Thanks

For office use only:

Processed in DB: _____ Reg. fees billed: _____ Attendance Form: _____

Date processed: _____ Fees paid: _____ COE signed: _____