



REGISTRATION FORM

Participant's

Name: _____

“Junior” Program (completing grades 1-5):

Willy Wonka, Jr. \$600.00

“Senior” Program (completing grades 6-9)

Rodgers & Hammerstein's Cinderella \$675.00

Act now and SAVE!
Pay in full by **3/31/09** and
take \$50 off the price of
tuition....or pay in full by
5/15/09
and take \$ 25.00 off!

Sex: _____ **Age:** _____ **Current Grade:** _____ **Date of Birth:** _____

Full Home Address: _____

Home Phone: _____ **E-Mail:** _____ **T-shirt Size** _____

Mother's Name: _____ **Work Phone:** _____ **Cell :** _____

Father's Name: _____ **Work Phone:** _____ **Cell:** _____

Please provide an emergency contact and their daytime phone number.

Name/Relationship: _____

Home Phone: _____ **Day Phone:** _____ **Cell:** _____

Please provide information about custody arrangements and/or others who are authorized to pick-up your child:

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____

Hold Harmless Agreement: Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against Hopewell Valley Children's Theatre, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement.

Signature of Parent: _____ **Date:** _____

Medical Treatment Release: I hereby authorize emergency medical care for my child/children during attendance in the Hopewell Valley Children's Theatre program. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I recognize that the staff will not assume responsibility for preparing or administering medication of any kind. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

If you child has a special need or disability, please share it with us so we can prepare properly.

I have been forthright in disclosing any condition below to the best of my knowledge.

My child has the following medical conditions and/or health concerns:

Doctor's Name: _____ **Phone:** _____

Signature of Parent: _____ **Date:** _____

We are happy to have your child join us for an exciting summer. Our staff looks forward to a great season and will do our best to provide your child an enriching theater arts experience. However, if at any time we feel we are unable to meet your child's needs - physical, social, intellectual, or emotional - we reserve the right to modify your child's participation in the program.

Registrants, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified of your expressed desire to be excluded.

To register for our **Summer 2009** season, please mail this form to the address below with your non-refundable **\$200 deposit** which holds a place for your child and will be fully applied towards tuition. **All** balances on for the **Summer 2009** must be paid by **June 1, 2009**.

Hopewell Valley Children's Theatre
P.O. Box 834
Pennington, NJ 08534