

2017 Fall Youth Workshop Registration Form

Student Information

Last Name

First Name

Birthday

Age

Gender

Address

City

State

Zip

\$75.00 per child*

\$10.00 family discount for each additional child

Total Amount: _____ Payment Type: Cash Check (Check # _____)

T-Shirt Size:

Child Small

Child Medium

Child Large

Adult Small

Adult Medium

Adult Large

Adult XL

What is the best way to keep the primary contact up to date regarding special events, schedule changes, etc.?

Workshop Facebook Group

or

E-Mail listed below

Primary Contact Name

Relationship to Camper

Phone Number

E-Mail

Additional Phone Number

Secondary Contact Name

Relationship to Camper

Phone Number

E-Mail

Additional Phone Number

Emergency/Medical Form

Name of Child: _____

Please list any medications that the child must take during workshop hours.
Be sure to list dosages.

Please list any special needs your child may have.

Please list any allergies that the child might have.

Can we administer Tylenol if necessary? Yes No Motrin? Yes No

Can we administer antacid if necessary? Yes No

In the event of a medical emergency and we cannot reach you or a listed emergency contact, do we have permission to transport your child to the hospital? Yes No

Name of camper's regular physician: _____

Phone Number: _____

Release Form

Read Carefully and Sign Below

No Liability is assumed by Pennsylvania Theatre of Performing Art, Inc. for the purpose if the student or children for accidents caused by the acts of said student or children, and the person herein signing this contract on behalf of said student or children shall therefore assume full responsibility. In consideration for participating in any classes, students and/or legal guardians hereby release Pennsylvania Theatre of Performing Arts, Inc. from any liabilities or claims arising from participation. The student named herein and legal guardians agree to grant Pennsylvania Theatre of Performing Arts, its employees, and volunteers, the right to use, publish or copyrights student's name, picture, portrait, or likeness in advertising, and promotional materials for Pennsylvania Theatre of Performing Arts any manner or form regardless of the student's present or future status.

I, _____, have read and understood the release information stated within. I agree that my signature below constitutes an agreement to commit to rehearsals, tech week, and all performance dates.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____



Registration Deadline: Wednesday, August 16th, 2017

Please fill in and return to:
J. J. Ferrara Center
c/o Youth Workshop
212 West Broad Street
Hazleton, PA 18201