

CTWS Registration Form 2010-2011

One form per student, please.

Student Name (Please Print) _____ Grade in Fall '10 _____ Gender _____ DOB _____

Street Address _____ City _____ State _____ Zip _____

Phone Number (with Area Code) _____ Parent E-Mail _____

May we email you on occasion about upcoming events, holidays, or other CTWS news? _____

Dad's Name _____ Work or Mobile Phone _____

Mom's Name _____ Work or Mobile Phone _____

Emergency Contact (if parents unavailable):

Name _____ Phone _____ Relationship _____

Current CTWS School Year Student? _____ If yes, number of years at CTWS (not including Summer Camp) _____

May we use images of your child in future CTWS/TWS brochures, ads, or literature? _____

Class Information From Previous Page	
Class 1	
Class Name	_____
Class Day	_____
Class Time	_____
Class 2 (or Weekend Intensive)	
Class Name	_____
Class Day	_____
Class Time	_____

Tuition Information	
Total Tuition	_____
Subtract Discounts (circle)	
Early Bird (<i>before July 12</i>)	-\$20
TWS Subscriber	-\$20
Second Child	-\$10
Second Class	-\$10
<i>Maximum discount of \$30 per student or \$50 for a family w/multiple students</i>	
Subtotal	\$ _____
Amount of Payment	\$ _____
Balance Due by 1st class	\$ _____
after Sept. 30 a \$20 late fee will be charged	

Payment Information	
Method of Payment (circle one)	
Charge	Check Cash
For Charges:	
MasterCard	Visa Discover AMEX
Charge Number	_____
Expiration Date	_____
CVN (3 digits on back of card)	_____
Signature	_____
Also charge balance when due? Yes No	
Add \$10 to support scholarships? Yes No	

EMERGENCY MEDICAL TREATMENT AUTHORIZATION Theatre of Western Springs, An Illinois Not-for-Profit Corporation

I, _____ (parent/guardian) of _____ who is/will be a student enrolled in the 2010-11 season with the Theatre of Western Springs (TWS), do hereby expressly authorize any of the following steps, when deemed necessary and appropriate by TWS personnel, to be taken by TWS in the event of a medical emergency involving my child/ward, which may arise on the premises of TWS or at a TWS-sponsored activity.

- To notify and request aid, if appropriate, of trained emergency medical personnel for immediate treatment of my child/ward.
- To transport my child/ward to the nearest medical facility for appropriate medical treatment.

It is agreed that TWS will have the exclusive and immediate right to determine when, in its judgment, such medical emergency shall exist. If in the judgment of TWS it is appropriate, under the circumstances, TWS will attempt to contact me, as the parent/guardian, before taking any of the above-listed emergency steps.

It is agreed that if and when TWS does report the matter to me, as the parent/guardian, TWS will then no longer have principal responsibility for the emergency care of my child/ward but will become the agent of myself, the parent/guardian.

It is agreed that any and all such emergency medical expense(s) for the necessary treatment will be the complete responsibility of myself, the parent/guardian. It is agreed that I, the parent/guardian, will reimburse TWS for any expense incurred by TWS on behalf of my child/ward for such emergency treatment.

It is agreed that I, the parent/guardian, will indemnify and hold harmless TWS and/or its agents and employees from and against any and all claims and losses which may be incurred or which may be claimed as a result of the alleged acts or alleged failures to act during the emergency.

As parent/guardian of the above named individual, I advise that he/she has the following allergies, medical condition, is taking the following medications, and/or cannot take the following medications (if none, please so indicate): _____

Family Physician _____ Phone _____ Hospital Preference _____

I have read and understand both the medical treatment authorization and the refund policy. By signing below I agree to abide by both.

Parent/Guardian Signature _____

Name:

Rec'd

Meth:

Amt:

Date:

Code:

Meth2:

Amt2:

Date2:

Code:

FOR OFFICE USE ONLY