

**SUMMER 2010 REGISTRATION FORM: No registrations accepted before February 20th at 10am!**

Last Name \_\_\_\_\_ First \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City / Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade in Fall 2010 \_\_\_\_\_

**Shirt Size: (all camps)**

Mother's Name \_\_\_\_\_ Work/Mobile Phone \_\_\_\_\_

**Adult OR Child S M L**

Father's Name \_\_\_\_\_ Work/Mobile Phone \_\_\_\_\_

Would you like to be grouped with a friend in your age group? Please indicate friend's name: \_\_\_\_\_

Email address: \_\_\_\_\_

In case of illness/accident, who should be contacted if a parent is unavailable?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Please circle your Summer Drama Workshop session preference: Please verify your school closing date (Tuition: \$395)**

- 1) June 7-18                      2) June 21-July 2                      3) July 6-16\*                      4) July 19-30

\*No class on July 5th. Classes end at 2 pm the rest of that week.

**High School Repertory Company Summer Stock: July 5 - July 25 (Tuition: \$430)**

**TUITION INFORMATION**

A MINIMUM OF \$200.00 IS  
REQUIRED WITH REGISTRATION FORM

**NAME OF CAMP** \_\_\_\_\_

**TOTAL TUITION**                      \$ \_\_\_\_\_

**AMOUNT OF PAYMENT**                      \$ \_\_\_\_\_

**BALANCE DUE BY MAY 17TH**                      \$ \_\_\_\_\_

**PAYMENT INFORMATION: METHOD OF PAYMENT**

(CIRCLE ONE)

**CHARGE**                      **CHECK**                      **CASH**  
FOR CHARGES:    MASTERCARD    VISA    DISCOVER

CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

CIN/CVC \_\_\_\_\_

ALSO CHARGE BALANCE WHEN DUE?    YES    NO

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

I, \_\_\_\_\_, (parent/guardian) of \_\_\_\_\_ who is/will be a student enrolled in a 2010 session with the Children's Theatre of Western Springs (Theatre) do hereby expressly authorize any of the following steps, when deemed necessary and appropriate by Theatre personnel, to be taken by the Theatre in the event of a medical emergency involving my child/ward which may arise while on the premises of the Theatre or at a Theatre-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 the Theatre will have the exclusive and immediate right as to determine when, in its judgment, such medical emergency shall exist. If in the judgment of the Theatre it is appropriate under the circumstances, the Theatre may attempt to contact me, as the parent/guardian before taking any of the above-listed emergency steps.

It is agreed that if and when the Theatre does report the matter to me, as the parent/guardian, the Theatre no longer has principal responsibility for the emergency care of my child/ward, but becomes the agent of me, as 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 as the parent/guardian.

It is agreed that I, as the parent/guardian, will reimburse the Theatre for any expense incurred by the Theatre on behalf of my child/ward for such emergency treatment.

It is agreed that I, as the parent/guardian, will indemnify the Theatre and/or its agents and employees and hold them harmless from and against any and all claims and losses which may be incurred or which may be claimed as a result of 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 and/or cannot take the following medications (if none, please so indicate)

I further advise that he/she has the following medical condition(s) and of the required treatment (if none, please so indicate)

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

I HAVE READ AND AGREE TO THE EMERGENCY MEDICAL TREATMENT AUTHORIZATION AND PAYMENT/REFUND POLICIES

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME

Rec'd:

Meth:

Am:

Date:

Code:

Meth2:

Am2:

Date2:

Code:

**FOR OFFICE USE ONLY**