

MIDDLE SCHOOL SUMMER CONSERVATORY REGISTRATION FORM

CHILD'S NAME:		
DATE OF BIRTH:	Grade (fall 2012):	
SCHOOL (fall 2012):		
PARENT'S NAME:		
MAILING ADDRESS:Street		
City	State	Zip
PHONE NUMBER: (Cell)	(Home)	
PARENT'S EMAIL:		

Cost: \$600 per student (non-refundable; \$550 for Globe subscribers)

Dates: Weekdays, July 9-27, 2012

Times: 10:00am-3:00pm

Enrolled students must participate all three weeks.

We accept check or credit card payments. For credit card payments, call 619-231-1941 x2145.

Please make checks out to "The Old Globe" and write "MS Summer Conservatory" in the subject line. Send them, along with this form, to:

The Old Globe PO Box 122171 San Diego, CA 92112

Attn: MS Conservatory Registration

Class size is limited. To ensure enrollment please register your child <u>NO LATER THAN MAY 18.</u> Your payment will be due upon registration. Thank you.



Parent/Guardian Release

Child's Name (Please Print):	
My child, named above, has my permission to pa Conservatory. I understand that participation in the Old Globe is not liable for any injury sustaine incurred as a result of my child's participation in the and all liability or claims whatsoever against The business associates, or insurers, which may in an this program.	this program is at my/his/her own risk and that d or responsible for any medical expenses this program. I/we hereby further waive any Old Globe and its agents, employees, assigns,
Parent/Guardian Name (Please Print):	
Parent/Guardian Signature:	Date:
<u>Media F</u>	<u>Release</u>
I hereby give permission and consent to The Old likeness, or voice for promotion of The Old Globe limited to, advertisements, video, print, television, any such image shall become the sole and exclusive compensation or consideration being due.	in any media format, including, but not and The Old Globe website. I understand that
Parent/Guardian Signature:	Date: