



Youth Ed Registration Form 2015 Fall Workshops

Class descriptions are available at www.garrisonplayers.org.

Registration Form: *Please complete both pages and sign page two.*

Please mail this completed form with payment to: Garrison Players, P.O. Box 127, Dover, NH 03821

NOTE: please include only ONE student per form, even if related.

Child's Name: _____ Date of Birth _____ Grade in Fall 2015 _____

Permanent Address: _____

NAME (S) OF GUARDIAN (S):

Guardian One: _____ Relationship: _____

Phone: _____ Other Phone: _____ Email: _____

Guardian Two: _____ Relationship: _____

Phone: _____ Other Phone: _____ Email: _____

Please check your class(es) below:

- ☐ **Pre-K Theatre Workshop Session II: Ages 3-4; Mondays from 1-2 pm (10/19-11/9) (Tuition: \$35)**
- ☐ **Pre-K Theatre Workshop Session III: Ages 3-4; Mondays from 1-2 pm (11/16-12/7) (Tuition: \$35)**
- ☐ **Puppetry Workshop: Grades K-7; Saturday, October 17 from 9:30-noon (Tuition: \$35)**
- ☐ **Improv Workshop; Grades 3-8; Wednesday, November 11 from 9 a.m.-3 p.m. (Tuition \$75)**

OTHER EMERGENCY CONTACTS:

Name: Relationship: Phone: _____

Please list all people, other than parent/guardian who have permission to pick up and transport your child.

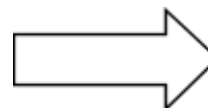
1. Name/Phone Number: _____ Relationship _____

2. Name/Phone Number: _____ Relationship _____

3. Name/Phone Number: _____ Relationship _____

NOTE: Anyone other than you picking up your child will need to present a photo ID (i.e. driver's license) for release of your child. We will not release your child unless proper identification is given. Anyone authorized to pick up your child from camp, including yourself, must be listed on the Registration Form.

Please turn over to complete and sign page two...





HEALTH INSURANCE INFO:

Company Policy # Group # Name of Insured (Card Holder)

OTHER MEDICAL INFO:

Allergies: foods, medications, bee stings, etc.:

Any other medical conditions: existing injuries, medical problems, special medications/needs, asthma, etc.

Note: By signing below I agree that Garrison Players and those in its employ may act as my agent to authorize medical care and/or hospital transport for the student listed above in the case of emergency. Garrison Players shall not be held liable for injuries occurring during normal activities.

Parent Signature _____ Date: _____

PHOTOGRAPHY RELEASE:

____ I give permission for Garrison Players to use my child's image (photographs and video) for display, distribution, publication, or transmission, which includes printed materials such as brochures and newsletters, and/or videos and digital images that might appear on the Garrison Player's website, Facebook page or in local media (newspapers, radio spots, television).

____ I DO NOT give permission for Garrison Players to use my child's image for display, distribution, publication, or transmission, which includes printed materials such as brochures and newsletters, and/or videos and digital images that might appear on the Garrison Player's website Facebook page, or in local media (newspapers, radio spots, television).

Signature of Parent/Guardian _____

Please mail application and tuition (checks only please), payable to "Garrison Players" to:

Garrison Players Arts Center; P.O. Box 127; Dover, NH 03821

Payment can alternatively be made with a credit card through our website: www.garrisonplayers.org

All classes and workshops take place at GPAC, Route 4/Corner of Roberts Road in Rollinsford, NH.