



DIVE Into Theatre

4630 Merchant's Park Circle, Suite 737, Collierville, TN 38017 (901) 853-9669

Saturday Mornings: Session I in Aug for 11-18, Session II in Sept for 5-10 yr olds  
TIME: 10:00AM-11:30AM

For anyone interested in exploring various components of theatre. Each session will focus on a different aspect of theatre **D**-Dance **I**-Improv **V**-Vocals **E**-Expression  
Join us for all four sessions \$120 OR sessions of your choice \$35 each

REGISTRATION FORM

Participant's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

Sessions	Sessions
<input type="checkbox"/> <b>SESSION I-Ages 11-18</b> <b>AUGUST 8, 15, 22, 29</b>	<input type="checkbox"/> <b>Session II-Ages 5-10</b> <b>SEPTEMBER 12, 19, 26, OCT 3</b>
<input type="checkbox"/> <b>DANCE</b> <b>AUGUST 8th 10:00---11:30</b>	<input type="checkbox"/> <b>DANCE</b> <b>SEPTEMBER 12th 10:00---11:30</b>
<input type="checkbox"/> <b>IMPROV</b> <b>AUGUST 15th 10:00---11:30</b>	<input type="checkbox"/> <b>IMPROV</b> <b>SEPTEMBER 19th 10:00---11:30</b>
<input type="checkbox"/> <b>VOICE</b> <b>AUGUST 22nd 10:00---11:30</b>	<input type="checkbox"/> <b>VOICE</b> <b>SEPTEMBER 26th 10:00---11:30</b>
<input type="checkbox"/> <b>EXPRESSION</b> <b>AUGUST 29th 10:00---11:30</b>	<input type="checkbox"/> <b>EXPRESSION</b> <b>OCTOBER 3rd 10:00---11:30</b>





AGE \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime phone (mom) \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime phone (dad) \_\_\_\_\_

Cell phone (mom) \_\_\_\_\_ Cell phone (dad) \_\_\_\_\_

In the event that a parent cannot be reached, please call:

NAME \_\_\_\_\_ Phone \_\_\_\_\_

Can the above person give permission for treatment? (circle one) YES NO

Preferred Hospital: \_\_\_\_\_

Please list any special dietary restrictions, physical restrictions, or health problems, including allergies, that we should be aware of \_\_\_\_\_  
\_\_\_\_\_

I affirm that, except as noted above, my child is in good health and able to participate in all activities. YES NO

With the understanding that safety standards will be met, I release New Day Children's Theatre from possible claims for injury to person or property, which may arise from participation in all activities, and hereby agree to hold harmless New Day Children's Theatre, its employees, agents, or representatives from any claim, liability, or expense arising out of or in any way connected with any alleged incident or injury resulting from such participation. YES NO

In the event of a medical emergency, if parent or emergency contact is not available, I give the Camp Director permission to transport myself or my child to a medical facility. I further give permission for the Director to seek any and all emergency medical treatment needed.

\*I have read and understand the summer policies outlined in this brochure. YES NO

\*May we include you or your child's name and/or photograph in our advertising? YES NO

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

