



*For Office Use*

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## 2010 Summer Drama Workshops

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

Join us for summer fun at our studio at The Avenue Carriage Crossing.  
No experience necessary. Mail check to address above or  
visit our website to pay by Paypal. Classes are limited to 30, so hurry and sign up!

### REGISTRATION FORM

Participant's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
T-shirt Size (please circle) YS YM YL AS AM AL AXL

Sessions	Sessions
<input type="checkbox"/> <b>Session 1-Cost \$150</b> <b>Diary of a Wimpy Kid</b> <b>June 7-18, 2010 Mon-Fri</b> <b>9A-12P Showcase June 18</b> <b>AGES 6-12</b>	<input type="checkbox"/> <b>Session 2-Cost \$150</b> <b>A Year with Frog and Toad</b> <b>June 7-18, 2010 Mon-Fri</b> <b>1pm—4pm Showcase June 18</b> <b>AGES 6-12</b>
<input type="checkbox"/> <b>Session 3 –Cost \$150</b> <b>Diary of a Wimpy Kid Part 2</b> <b>June 28-July 9, 2010 Mon—Fri</b> <b>9A-12P Showcase July 9</b> <b>AGES 6-12</b>	<input type="checkbox"/> <b>Session 4 –Cost \$150</b> <b>The Aristocats</b> <b>June 28-July 9, 2010 Mon—Fri</b> <b>1P-4P Showcase July 9</b> <b>AGES 6-12</b>
<input type="checkbox"/> <b>Musical Theatre Camp-- \$200</b> <b>July 19-30, 2010 Mon—Fri</b> <b>1P-4P Showcase July 30</b> <b>AGES 5 and up</b>	

**Cancellation policy: Refunds of 50% after May 20<sup>th</sup> for June Sessions  
Refunds of 50% after June 1<sup>st</sup> for July sessions.**



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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 \_\_\_\_\_

