

BAK/DRYFOOS

WORKSHOP

Sunday, January 25, 2009

Lake Worth Playhouse-Rehearsal Hall - 10:00 am – 3:00 pm

Registration Form

Please complete this form in its entirety, using one form per student and printing all information clearly. Send completed form by email to boxoffice@lakeworthplayhouse.org, or mail to: Lake Worth Playhouse, 713 Lake Avenue, Lake Worth, FL 33460 attn: Box Office. Please keep a copy for your records. For questions/information, please call 561-586-6410 or contact Mark Fetterly (Bak/Dryfoos Instructor) direct at 30rocks@earthlink.net

Registration Deadline Saturday, January 24, 2009

Student Name: _____ M/F _____

Age: _____ DOB: ____/____/____ Grade Entering (Fall 08): _____

Parent/Guardian: _____

Address: _____

City: _____ Zip: _____

Parent/Guardian E-Mail: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name/Phone: _____

PAYMENT OPTIONS:

___ Check/money order # _____ (payable to Lake Worth Playhouse)

___ Cash \$ _____

___ Visa ___ MasterCard ___ Discover

_____ Exp. Date / C.C. Card Billing Zip Code _____

MEDICAL INFORMATION

Please list any health or learning challenges, medications, physical limitations, allergies, etc.:

LIABILITY/PHOTO WAIVER (for a minor)

I, _____, the undersigned ____ mother ____ father or ____ legal guardian of _____, a minor, on behalf of the minor, hereby fully release and discharge the Lake Worth Playhouse, its assigns and successors, from all rights, claims and actions which the minor or his or her successor may have against the Lake Worth Playhouse, arising out of the minor's participation.

I consent that any photograph in which the above named individual appears while participating in above named activity/show may be used by the Lake Worth Playhouse its assigns or successors, in whatever way they may desire. Furthermore, I consent that such photographs (and plates from which they are made) shall be the property of the Lake Worth Playhouse and they have the right to scan, duplicate, reproduce, and make other uses of such photographs and plates as she may desire, free and clear of any claim whatsoever on my part

Date

Signature of Parent/Guardian

Enrollment will be accepted in order received. Sale # _____ Date Rec'd: _____