



www.newburymusicaltheatre.org

REGISTRATION FOR THE 2017 SPRING WORKSHOP

Please visit our website for
a complete description
of the program.

JUNIOR PLAYERS WORKSHOP

Friday 4:00 pm to 6:00 pm

beginning Feb. 17th – ending May 12th

Workshop Performance at 7 pm (no rehearsal on April 14th)

FEE: \$200 (please make checks payable to: Newbury Musical Theater Co.)

Workshop meets at Main Street Center for the Arts

Student's Name: _____

Address: _____

Home Phone: _____

City/Town: _____

Age/DOB: _____ **School/Grade as of 9/1/2016** _____

E-mail: _____

Contacts: Parents/Guardians

Mother: _____ (h) _____

(c) _____ (w) _____

Father: _____ (h) _____

(c) _____ (w) _____

Guardian: _____ (h) _____

(c) _____ (w) _____

Emergency Contact: (Other than parent/guardian)

Name: _____ **Relationship:** _____

Phone: _____

For internal use only: Check # _____

MEDICAL RELEASE

I authorize all representatives of Newbury Musical Theatre to act in my behalf for the purpose of obtaining emergency medical treatment for the registrant.

* Yes _____ No _____ Initial _____

In case of an emergency, which hospital do you prefer? _____

Is the registrant adequately covered by an accident/health insurance policy?

Yes _____ No _____ Insurance Co: _____

Policy Number: _____

Allergies/Medical Conditions/Medications? _____

CONSENT FORM AND LIABILITY WAIVER

I/We, the parents/guardian give our permission for our child to participate in the Newbury Musical Theatre Company ("NMTC") program and performances, events and/or productions ("production"). I/We also give our permission for NMTC to use the likeness of our child in photographs or advertisements related to NMTC or NMTC productions.

I agree that my child will abide by all rules and regulations reasonably adopted in connection with NMTC, any production and the use of the facilities provided for NMTC programs or productions. I understand that the failure of my child to observe these rules and regulations may result in my child being excluded from the program or from participation in any production.

I agree to waive any and all claims of any kind whatsoever, whether resulting from an injury or otherwise, and further agree to release, indemnify and hold the NMTC, its employees, contractors, volunteers, officers, directors, and representatives harmless from and against any and all liability arising out of or relating to my child's participation in NMTC programs or any production.

I further understand that NMTC assumes no liability for lost, misplaced stolen and/or damaged property and I hereby agree to release NMTC from such liability.

Performer's Name - child (print): _____

Parent/Guardian Name (print): _____

* Parent/Guardian/or over 18: Signature: _____

Date: _____

Please sign and/or initial at all * markings and mail your completed registration to:
Newbury Musical Theatre Company 55 Roxbury Road, Southbury, CT 06488.
FOR FURTHER INFORMATION, PLEASE VISIT OUR WEBSITE:
www.newburymusicaltheatre.org