



www.newburymusicaltheatre.org

## REGISTRATION FOR THE 2020 SPRING WORKSHOP

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

### JUNIOR PLAYERS WORKSHOP

(Friday 4 pm to 6:15 pm beginning Feb. 21<sup>st</sup> –  
ending with performance on May 8<sup>th</sup> at 7:00 pm)

**FEE:** Early registration by Feb. 7<sup>th</sup> - \$225.

Registration from Feb. 8<sup>th</sup> to Feb. 21<sup>st</sup> - \$250

(Checks payable to: Newbury Musical Theatre Co.)

Workshop meets at Main Street Center for the Arts

**Student's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

School \_\_\_\_\_ Grade as of 9/2019 \_\_\_\_\_

### Contacts: Parents/Guardians

E-mail: \_\_\_\_\_

Mother: \_\_\_\_\_ (h) \_\_\_\_\_

(c) \_\_\_\_\_ (w) \_\_\_\_\_

Father: \_\_\_\_\_ (h) \_\_\_\_\_

(c) \_\_\_\_\_ (w) \_\_\_\_\_

Guardian: \_\_\_\_\_ (h) \_\_\_\_\_

(c) \_\_\_\_\_ (w) \_\_\_\_\_

Emergency Contact: (Other than parent/guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## 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](http://www.newburymusicaltheatre.org)