



**Waterville Playshop Education Program 2018—Children’s Theatre  
Registration, Emergency Medical Authorization Form, and  
RESERVATION INSTRUCTIONS**

**Student Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Student’s Age \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ T-shirt Size \_\_\_\_\_

**Parent Information**

Parent Name \_\_\_\_\_ Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent Name \_\_\_\_\_ Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

**Emergency Medical Information (This information will be kept confidential and only shared with staff as necessary):**

**PART 1: I grant consent for treatment, medical care providers and local hospital**

Parent Signature \_\_\_\_\_

I DO NOT give my consent for emergency medical treatment of my child. In the event of an illness or injury requiring medical treatment, I wish The Waterville Playshop Staff to take ONLY the following actions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_

**PART 2:**

Please list all known allergies: \_\_\_\_\_

(optional) Any other health conditions you feel the instructors should know: \_\_\_\_\_

**\*I understand that taking the classes does not guarantee that a student will be cast in any future production of Waterville Playshop or Children's Theatre. I understand that I give The Waterville Playshop and Children's Theatre rights over any pictures or video that they take of my child during practice and/or performance to be used for future marketing. While the staff will do their best to ensure that all students are properly warmed up and stretch properly, there is always some risk of injury. I understand that the Waterville Playshop and Children's Theatre will not be held responsible for any injuries sustained during the class/performance.**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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This form must be completed and turned in to the Waterville Playshop by the first day of the workshop. You may bring the form to the first class, as long as it is completed. You may also scan the forms and send them to our ticketing/registration trustee, Dave Fitch, at [watervilleplayshop@gmail.com](mailto:watervilleplayshop@gmail.com).

In order to reserve a spot prior to the first day of classes, you must call Dave Fitch at 567-246-0724 with your name, your students' information, and down payment information. A minimum, non-refundable down payment of \$50 is required to ensure your place in the program, as we need to purchase supplies and production royalties prior to the start of the first week. This down payment can be in the form of credit card (taken securely over the phone) or check made payable to Waterville Playshop and mailed to PO Box 75, Waterville, OH, 43566.

To complete the registration, the remainder of the full \$100 tuition per pupil is also due by the first class, and this can be paid via cash, credit card, or by check made payable to Waterville Playshop. For any questions regarding registration, please contact Dave via either of the provided contacts.

\*\*Parents with multiple children participating need only pay \$75 per pupil.

If the process is not completed online, bring in person the first day of classes!

**TO GUARANTEE REGISTRATION, CONTACT DAVE BY JANUARY 15, 2008**

**FINAL REGISTRATION DEADLINE & FIRST DAY OF CLASSES IS FEBRUARY 3, 2008**