



Theatre Company of Saugus, Inc  
PO Box 1058 Saugus, Ma 01906  
[tcsaugus@gmail.com](mailto:tcsaugus@gmail.com) / 781-816-7019  
<http://tcsaugus.org>

**Registration Form  
Youth Theatre Workshop  
July 16-20 & 26-27, 2012**

**Participant:** \_\_\_\_\_ **D.O.B:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Emergency Contact #:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Early Registration: \$350 paid in full before July 1, 2012**

**Registration: \$400**

**Payment enclosed:**      **yes/no (circle one)**      **check/cash** \_\_\_\_\_

<b>Theater Experience:</b>	<b>yes</b>	<b>no</b>	<b>(circle one)</b>	_____	<b># Years</b>
<b>Describe:</b>	_____				
<b>Singing Experience:</b>	<b>yes</b>	<b>no</b>	<b>(circle one)</b>	_____	<b># Years</b>
<b>Describe</b>	_____				
<b>Dancing Experience:</b>	<b>yes</b>	<b>no</b>	<b>(circle one)</b>	_____	<b># Years</b>
<b>Describe:</b>	_____				

**Registration**

Full payment is due at or prior to the beginning of the first class.

Theatre Company of Saugus reserves the right to cancel due to insufficient enrollment.

Week One will be held at Cliftdale Congregational Church 50 Essex st Saugus, MA.

Week Two will be held at East Saugus United Methodist Church 85 Chestnut st Saugus, MA

Make all checks payable to: Theatre Company of Saugus

**There will be a \$15 charge to the payee of a bounced or returned check.**

**Refunds**

Full refunds are issued in the event of a class cancellation.

No refunds will be issued after a class has started.

**For further information, or to register contact:**

Joanne Fafard at 781-956-4820 or [jawa140906@yahoo.com](mailto:jawa140906@yahoo.com) or [Tcsaugus@gmail.com](mailto:Tcsaugus@gmail.com)



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**Talent Release Form  
Youth Theatre Workshop  
July 16-20 & 26-27, 2012**

**Participant:** \_\_\_\_\_ **D.O.B:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

I hereby assign and grant to The Theatre Company of Saugus the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of my child during the workshop, and I hereby release the Theatre Company of Saugus, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Theatre Company of Saugus, and I specifically waive any right to any compensation I may have for any of the foregoing.

**Parent/Guardian Signature:** \_\_\_\_\_



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**Health Form  
Youth Theatre Workshop  
July 16-20 & 26-27, 2012**

**Participant:** \_\_\_\_\_ **D.O.B:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Emergency Contact #:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Does Participant have any Allergies?**    **yes/no**    **(circle one)**    **(please list below)**

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

**Is the Participant on any special diet?**    **yes/no**    **(circle one)**    **(please list below)**

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

**Does the Participant have any special needs?** **yes/no (circle one)(please list below)**

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

**(Please Check one)**

\_\_\_\_\_ **Participant may participate in all Workshop activities**

\_\_\_\_\_ **Participant may participate in all Workshop activities except:**

\_\_\_\_\_

In case of an emergency involving my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the Theatre Company of Saugus Staff to contact 911 and secure proper treatment from medical providers, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge, medical staff, workshop management, and/or any physician or health care provider involved in providing medical care to the participant.

I release the Theatre Company of Saugus, the Workshop Staff, volunteers, related parties, or other organizations associated with the Workshop from any and all claims or liability arising out of participation.

**Parent/Guardian Signature:** \_\_\_\_\_