

Spring Drama Academy!

Registration Form

- Please submit this registration electronically to CCTDrama@gmail.com or
- Print and snail to Aoife Barrington-Haber, 24 Hartwell Place, Canton MA 02021
- Registrations may also be handed in person, at the first day, provided you have confirmed a spot with me via phone or email prior to April 23rd. I can be reached at 617-872-6960
- Attach a separate form for each additional child.

_____ Tuesdays, April 24th - May 29th

_____ Fridays, April 27th - June 8th

Name of Child: _____ Gender/preferred pronouns: _____

Date of Birth: _____ School/Grade: _____

Name of Parent or Guardian: _____

Home address: _____

Parent Email: _____

Parent cell: _____ Home phone: _____

Emergency contact: _____ Phone: _____

Allergies or medical conditions: _____

What would you like me to know about your amazing and unique child? (Interests and talents, learning challenges, anxieties, etc.)

I, _____, (Print name) give permission for my child/children to participate in CCT Drama Academy. I understand that theatre is a physical activity which carries some inherent risk, and that the instructor and CCT board member will take every precaution to minimize risk to my child. I understand that if my child's behavior creates a safety risk to him/herself or others, they may be removed from the program without a refund. I agree to indemnify and hold harmless Canton Community Theatre its employees, agents, officers, from and against any and all liability incurred as a result of or in any manner related to my child's participation in the Drama Academy. _____ (signed) _____ (date)

_____ I consent to the use of my child's image in print and digital promotional materials for CCT and Drama Academy, with the understanding that my child's name will not appear.