

THE ICEHOUSE YOUTH THEATRE
WINTER / SPRING 2012 REGISTRATION

Fill out a separate form for each child being registered:

Student's Name _____

Birth date _____ M or F _____ Age _____

Street Address _____

City _____ State _____ Zip _____

Legal Guardian(s) _____

Parent's Email _____

Student's Email _____

Home Phone _____

Parent's Cell _____

Emergency Contact Name & Phone _____



____ Ages 5-8 yrs \$100
Rehearsals: January 17 – March 11
Tuesdays 3:30 – 4:30 pm

____ Ages 9-12 yrs \$150
Rehearsals: January 19 – March 11
Thursdays & Fridays: 4:30 – 6:00 pm

____ Ages 13-18 yrs \$150
Rehearsals: January 17 – March 11
Tues & Wed 4:30 – 6:30 & Thursdays 7:00-9:00

PERFORMANCES: MARCH 9, 10, 11
At the WindHorse Theatre

This production will include all 3 age groups; with each group rehearsing separately until late February. At that time, rehearsal days & times will need to overlap for the show to be put together. To accomplish this, additional rehearsals for everyone will take place from late February through production week. Specific info on the additional rehearsals will be provided in February.

PAYMENT: Tuition arrangements must be made by the first day of class. If applying for financial assistance, a Scholarship Application must be submitted along with student's Registration Form.

Check Enclosed \$ _____ Make checks payable to: The IceHouse Theatre.

Visa or MC # _____ exp date _____

Name on Card _____ C V V code: _____

Signature _____

MAIL Registrations and Scholarship Applications to: The IceHouse Youth Theatre, P.O. Box 759, Mt. Dora, 32756. Or Fax to: 352-735-2361. Scholarship applications can be requested: (352) 383-3133. Or Email: Youth@icehousetheatre.com

PLEASE READ AND SIGN: I agree to release, discharge, and hold harmless The IceHouse and its officers, directors or agents, of and from any claims, demands or liability of damage arising from the participation of my child in any IceHouse programs. In the event my child becomes ill, I authorize The IceHouse staff to obtain medical attention for my child at a physician's office or hospital. I understand that every effort will be made to reach me before medical permission is given to treat my child. His/her coverage:

Insurance Co. _____

Insurance Phone # _____

Group # _____

Parent/Guardian Signature _____ Date _____

To assist us in obtaining care for your child in an emergency, indicate if your child has allergies or specific special medical needs. Describe:

CLASS REFUND AND CANCELLATION POLICY: Withdrawal after the first meeting will result in a \$15 processing fee deducted from the tuition refund. The IceHouse reserves the right to alter or cancel scheduled sessions as necessary. Cancellation due to insufficient enrollment may be made up to 24 hours prior to the first meeting and students will be notified; paid tuitions will be fully refunded.

PHOTO RELEASE: I grant The IceHouse permission to photograph or record images of my child or myself and to use these images in print, electronic or video formats. I release all claims against The IceHouse with respect to copyright ownership and publication, including any claim for compensation related to their use.

Parent/Guardian Signature Required:
