

REGISTRATION FORM

2009-2010

Student's Name _____

DOB _____ 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 _____

Fiddler On the Roof Jr. – Ages 12-18 Tuition: \$200. _____

Jack & the Beanstalk – Ages 5-9 Tuition: \$100. _____

Mollie and the Last Bookworm – Ages 10-13 Tuition: \$150. _____

Godpell Jr. – Ages 12-18 Tuition: \$200. _____

Rats! The Story of the Pied Piper- Ages 5-9 Tuition: \$100. _____

Honk! Jr. – Ages 10-13 Tuition: \$150. _____

Check Enclosed \$ _____

Visa or Mastercard # _____

Exp. Date _____

Name on Card _____

Signature _____

Scholarship Form: www.icehousetheatre.com

Mail: IceHouse Youth Theatre or Fax: 352-735-2361

P.O. Box 759 Mt Dora, FL 32756

CLASS REFUND AND CANCELLATION POLICY

Withdrawal from class prior to the first day results in a \$25. processing fee. Cancellation of a class due to insufficient enrollment is made a minimum of 24 hours prior to the first meeting and students are notified. The IceHouse Theatre reserves the right to alter or cancel scheduled classes as necessary. If a class is cancelled, a full refund is issued.

PHOTO RELEASE

I grant The IceHouse Theatre permission to photograph, record, or otherwise secure images of my child or myself. In addition, I hereby permit The IceHouse Theatre to use these images and publish in print, electronic, or video format these likenesses. I release all claims against The IceHouse Theatre with respect to copyright ownership and publication including any claim for compensation related to the use of these materials.

Signature _____

DISCOUNTS

IceHouse Theatre subscribers will receive \$10. off each class' tuition. For multi-sibling registrations, \$10. will be taken off each additional sibling.

Please read and sign the following release

I agree to release, discharge, and hold harmless The IceHouse Theatre and its officers, directors, agents, of and from any claims, demands or liability of damage arising from the participation of my child in any classes, camps or programs sponsored by The IceHouse Theatre. In the event my child becomes ill, I authorize The IceHouse Theatre 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. My child has the following insurance coverage:

Insurance Company _____

Insurance Phone # _____

Group # _____

Parent Signature _____

Date _____

In order to assist The IceHouse Theatre in obtaining care for your child in an emergency, please indicate whether your child has any medical, including allergies, or special needs? Yes _____ No _____

If yes, please describe _____

