

PRINTER FRIENDLY

WDW REGISTRATION FORM 2012

Directions: To register for the program, please fill out this registration form, medical form, and include payment.

Sign up for (please check all that apply):

\_\_\_ You're A Good Man Charlie Brown Morning Program \$700

\_\_\_ The Fabulous Fable Factory TYA Afternoon Program \$700

\*Please fill out supplemental TYA Contract

\_\_\_ Les Miserables: School Edition /42nd Street/ The Illusion  
Night Show Program \$450

\_\_\_ Technical Theatre Program \$375

TOTAL: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Participant E-mail: \_\_\_\_\_

Year of School/Age (Fall 2012): \_\_\_\_\_

**PLEASE NOTE:** All dates, locations, and shows are subject to change. All fees quoted above include the NON-REFUNDABLE \$75 Audition/Registration fee. Registrations are accepted BY MAIL ONLY and ONLY WITH PAYMENT IN FULL. A Discount of 10% will be applied for each additional child enrolled in a WDW program. The discount will be applied to the lowest cost program. Completed registrations will be processed in the order received. The Morning and Afternoon programs fill quickly; waiting lists are maintained. For further information, scholarship info or questions, please call SUE RYAN at 617-281-1875 or visit our website at [www.westondramaworkshop.org](http://www.westondramaworkshop.org) Please make your checks payable to: **Weston Drama Workshop, Inc.** and mail your completed registration form with payment to:

**Weston Drama Workshop**

**P.O. Box 441**

**Weston, MA 02493**

**REFUND POLICY:**

100% minus \$75 registration fee for any individual who drops out of the program prior to June 1<sup>st</sup>. **NO REFUNDS after June 1<sup>st</sup>.**

## WESTON DRAMA WORKSHOP, Summer 2012 - EMERGENCY FACT SHEET

**This form constitutes a permission statement which must be signed by each participant or a parent or guardian (if under age 18).** The completed form must be returned to Weston Drama Workshop with your registration form. All of the information contained in the health report is considered confidential and will be used only for the purpose of evaluating your daughter's/son's health status and facilitating medical diagnosis, care, and/or treatment for her/him in the event of a medical emergency. **This health record page must be completed and signed. PLEASE BE ACCURATE AND COMPLETE!**

Registrant's name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State/Zip

Registrant resides with (circle one):    Both parents    Father    Mother    Other

Mother's/Guardian's Information	Father's/Guardian's Information
Name _____	Name _____
Phone (w) _____	Phone (w) _____
cell _____	cell _____
E-mail _____	E-mail _____
<b>Emergency Contact (if parents cannot be reached):</b>	
Name _____	Phone(s) _____
	cell _____
Name _____	Phone(s) _____
	cell _____

### INSURANCE AND MEDICAL INFORMATION

Please provide a **copy** of your **health insurance card** (front and back) **OR:**

Name of insurance co. and policy holder \_\_\_\_\_

Policy number \_\_\_\_\_ Authorization phone number \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical conditions/issues or special needs that may limit physical participation (*check here if NONE* ):

List all known allergies (food, medications, environment) and reactions (*check here if NONE* ):

Current medications (*check here if NONE* ): \_\_\_\_\_

Will your child be taking medication during the program?     YES     NO

If yes, which medications, use back if necessary: \_\_\_\_\_

The box office must be advised if your child will be taking medication during the program. Medications that need to be taken during workshop hours (including inhalers and allergy medications) need to be kept in the box office in the original container with the prescription name, dosage, instructions, and the doctor's name on the container. All medication needed during workshop hours must be retrieved from the box office to ensure the safety of all participants.

Date of last TETANUS (TdaP, DTP, or DTaP) shot - **DO NOT LEAVE BLANK** \_\_\_\_\_ (month/year)

Any IMPORTANT INFORMATION we should know, in addition to what you have listed? Use back if necessary. \_\_\_\_\_

WDW has my permission to dispense to my child/ward, according to directions on the container, the following medications as indicated (*check all that apply*):    \_\_\_\_\_ Acetaminophen    \_\_\_\_\_ Ibuprofen

### PERMISSION FOR MEDICAL CARE

I hereby give consent for the WDW coordinator to obtain medical providers considered appropriate by him/her to carry out accepted procedures for emergency medical diagnosis and treatment for my (son, daughter, ward) including x-rays, routine tests and treatment. Further, I hereby grant permission to WDW to obtain emergency care with appropriate medical physicians and/or facilities which include, if necessary, administering anesthesia, and/or performing emergency surgery on my (son, daughter, ward).

Signature of participant or parent/guardian (if under age 18) \_\_\_\_\_

Relationship to participant \_\_\_\_\_ Date \_\_\_\_\_

## TRAVELING TYA PROGRAM AGREEMENT:

Please only fill this out if you have a participant in the AFTERNOON TYA PROGRAM.

This is a traveling program. However, Weston Drama Workshop's insurance does not cover transportation. We will be expecting parents to carpool to the performance venues for 4-5 daytime performances in the MetroWest area. Locations will be determined by June 1<sup>st</sup> so that carpools can be arranged.

We are looking for a parent volunteer to coordinate this effort. If interested, please contact Chris Brindley at [westondramaworkshop50@gmail.com](mailto:westondramaworkshop50@gmail.com).

I have acknowledged and agree to the above statement.

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Parent/Guardian

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Date

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Participant Name