



Cottage Theatre's Program of Lively Arts for Youth!

Sign me up for the following Class:

**Class Title/Cost:** Charlie & the Chocolate Factory \$75,

**Date/Time of Class:** September 29-November 6, 2008, 3:30-4:30 M, T, & TH

Name of Student: \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Names of Parent(s)/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Work/Cell \_\_\_\_\_

E-Mail Address (  check to be informed about future CT PLAY classes) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Payment Information

Payment in full is required at the time of registration. Refunds will only be given up to one week prior to start date. No exceptions.

Cash Check    Visa    MC    Discover    AmEx

Credit Card # \_\_\_\_\_ Ex Date \_\_\_\_\_

Please send checks with the completed Registration and Emergency Forms  
to: **Cottage Theatre, 700 Village Drive, Cottage Grove, OR 97424.**

www.cottagetheatre.org    (541) 942-8001

This form must be accompanied by an Emergency Form for your child to attend class.

## Emergency Contact and Medical Information

Child's Name	Date of Birth	M	F
		Gender	
Parent's/Guardian's Name	Parent's/Guardian's Name		
( )	( )	( )	( )
Home Phone	Work or Cell Phone	Home Phone	Work or Cell Phone
Address	Address		
City, State ZIP Code	City, State ZIP Code		

## Alternative Emergency Contacts

Primary Emergency Contact	Relationship to child	Secondary Emergency Contact	Relationship to child
( )	( )	( )	( )
Home Phone	Work or Cell Phone	Home Phone	Work or Cell Phone

Names of all persons authorized to pick up child from camp

## Medical Information

Physician's Name	Phone Number
Insurance Company	Policy Number

**Allergies/Dietary Restrictions/Medications/Special Considerations** (This information will be kept confidential; please list no matter how minor. Please describe any behaviors that may be disruptive to group learning.)

## Parent Authorization and Agreement

As the parent or legal guardian of the child named above, I hereby give consent to enroll my child in the specified class operated by Cottage Theatre. I recognize that my child must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to him/herself or others. Failure to adhere to Cottage Theatre policies will result in dismissal from class, without refund of fees. I understand that my child will not be released from class each day unless signed out by a parent/guardian or designee. **In the event of an injury or medical emergency:** Class staff will attempt to contact Parent(s) or Guardian(s). If they cannot be reached, then staff will attempt to contact the emergency contacts listed on this form. If neither can be reached, or if the emergency is serious in nature, 911 Emergency Services will be contacted. In the event that neither parent or guardian can be reached, I hereby give consent to Cottage Theatre to arrange for all necessary medical and/or dental treatment as prescribed by qualified medical personnel.

I agree that Cottage Theatre may use photographs and/or videos of class activities for promotional purposes. My child's photo and/or first/last name may appear in the newspaper, theatre website, brochures or other media. (If you wish to withhold consent for promotional photography, please notify Cottage Theatre in writing prior to start of class.)

Parent's/Guardian's Signature

Date