

# FIRST FOLIO THEATRE SUMMER 2010 CLASS REGISTRATION FORM

Last Name \_\_\_\_\_ First \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City / Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade (in Fall) \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Mobile Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Mobile Phone \_\_\_\_\_

In case of illness/accident, who should be contacted if a parent is unavailable?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## CLASS SCHEDULES

(Circle One ~ Based upon upcoming year in school)

3<sup>rd</sup> -5<sup>th</sup> Grades: July 12-16 (\$250)                      6<sup>th</sup> -8<sup>th</sup> Grades: July 19-23 (\$250)

9<sup>th</sup>-12<sup>th</sup> Grades: August 2-6 (\$300)

## PAYMENT INFORMATION

PAYMENT IN FULL REQUIRED WITH REGISTRATION

TOTAL TUITION \$ \_\_\_\_\_

METHOD OF PAYMENT (circle): MC VISA AMEX DISC CHECK

CHARGE NUMBER \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ who is/will be a student enrolled in the 2010 session of the First Folio Shakespeare Festival summer classes do hereby expressly authorize any of the following steps, when deemed necessary and appropriate by Festival personnel, to be taken by the Festival in the event of a medical emergency involving my child/ward which may arise while on the premises of the Festival or at a Festival-sponsored activity:

1. To notify and request aid, if appropriate, of trained emergency medical personnel for immediate treatment of my child/ward.

2. To transport my child/ward to the nearest medical facility for appropriate medical treatment.

It is agreed that the Festival will have the exclusive and immediate right as to determine when, in its judgment, such medical emergency shall exist. If in the judgment of the Festival it is appropriate under the circumstances, the Festival may attempt to contact me, as the parent/guardian before taking any of the above-listed emergency steps.

It is agreed that if and when the Festival does report the matter to me, as the parent/guardian, the Festival no longer has principal responsibility for the emergency care of my child/ward, but becomes the agent of me, as the parent/guardian.

It is agreed that any and all such emergency medical expense(s) for the necessary treatment will be the complete responsibility of myself as the parent/guardian.

It is agreed that I, as the parent/guardian, will reimburse the Festival for any expense incurred by the Festival on behalf of my child/ward for such emergency treatment.

It is agreed that I, as the parent/guardian, will indemnify the Festival and/or its agents and employees harmless from and against any and all claims and losses which may be incurred or which may be claimed as a result of the alleged acts or alleged failures to act during the emergency.

As parent/guardian of the above named individual, I advise that he/she has the following allergies and/or cannot take the following medications (if none, please so indicate) \_\_\_\_\_

I further advise that he/she has the following medical condition(s) and of the required treatment (if none, please so indicate) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

I HAVE READ & AGREE TO THE EMERGENCY MEDICAL TREATMENT AUTHORIZATION AND PAYMENT POLICIES

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