



41 Foster Street Unit 5
Arlington, MA 02474-6843
949-295-2241

Summer Day Program Registration Form Session 1__ 2__ 3__ 4__

Participant's Name: _____ Age: _____

T-Shirt Size: Youth: S M L - Adult: S M L XL

Parent/Guardian Name(s): _____ E-mail _____

Street Address: _____ Zip _____

Home Telephone Number: _____ Alternate Phone Number: _____

Emergency Contact Person and Phone Number: _____

Who is allowed to pick up child at the end of the day?: _____

Cost: \$550 for first session. \$500 for second session or second child, \$450 for each subsequent registration.

Does the participant have any special needs (medications, mobility, illnesses, allergies, supervision, e.g.) ACT should be aware of?

Will the participant be taking any medication during the day? _____ Yes _____ No (if you checked "yes", please make arrangements with ACT prior to the first day of the program.)

Permission and Liability Waiver

I, _____ give permission for _____
Parent/Guardian/Responsible Adult Child's Name

to participate in Arlington Children's Theatre Summer Day Program and hereby waive Arlington Children's Theatre and its personnel from liability for any accidental injury and for any damage to or loss of my property. Furthermore, I am enrolling my child with the full understanding of ACT's refund/withdrawal policy; I understand that ACT Day Program is a peanut aware program (not a peanut free program) and that campers will be asked not to bring in food containing peanuts for lunch or snack; and I have reviewed and understand the behavior expectations as stated. Unless otherwise specified in writing, ACT has my permission to use photographs of my child on its website and in publicity materials for this or other productions or workshops.

Parent/Guardian/Responsible Adult Signature

Date