



**The Phoenix Players**  
Acting Skills Workshop ~ February 9, 2014

## Registration Form

Participant's Name

Age

Participant's Name	Age
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Parents/Guardians--Names and all phone numbers in order of preference in case of emergency

Parent/Guardian 1	Phone Number 1
Parent/Guardian 2	Phone Number 2

Email Address (we need this to confirm your registration-we do not sell or share email addresses):

Email Address
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Please list any allergies, medical, or other information that is important for the workshop leaders to know:

Important Information
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### In case of emergency

Every effort will be made to immediately notify the parents. In the event that medical treatment is needed before the parent can be reached, please check your preference below:

- I give permission for emergency medical care for my child in the event I or another adult with guardian status over the child cannot be reached.
- I DO NOT give permission for emergency medical care for my child in the event I or another adult with guardian status over the child cannot be reached.

### Cost

\$30 per participant.

### Cancellation policy

- Cancellation before January 21 - Full refund minus a \$5 administration fee.
- Cancellation after January 21 but before February 12, if the space is taken by someone on the waitlist--full refund minus a \$5 administrative fee.
- On or after February 12, no refund. (In case of a medical emergency in the family, refunds will be considered by the Phoenix Players Board upon request and documentation).

I agree to the above described policies and give permission for my child to attend the workshop.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please send this form along with a check made out to The Phoenix Players to:  
**The Phoenix Players      5342 Red Fox Dr.      Brighton, MI 48114.**

You will receive an email confirmation of receipt and status of the registration.