



2010 REGISTRATION FORMS

Kearsarge Arts Theatre Company *PO Box 704* New London, NH 03257
 Registration Phone (603) 526-7144

Please make copies and return one set of registration forms for each child (5 pages total)

CLASS REGISTRATION

Student Name	Date of Birth	Male	Female
Parent/Guardian Name(s)	Home Phone	Summer Phone	
Street			
City	State	Zip code	
Email: If none, please write none in box.		Do you check this regularly? <i>Please circle</i> Yes No	

Class Title *	Day/Time	Tuition Cost

* KAT reserves the right to cancel a class if the minimum enrollment has not been met. Tuition Total Due: _____

T-SHIRT ORDER

Student T-shirt included with tuition: size (please circle one)

Child: S M L or Adult: S M L XL no charge

Additional T-shirts @ \$15.00 each: size (please circle)

Child: S M L or Adult: S M L XL _____

Child: S M L or Adult: S M L XL _____

T-shirt Total Due: _____
 (Must be paid at time of order)
Payment information on next page



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PAYMENT INFORMATION

Total Tuition Cost _____

Or Full Day Camp (does not include Kabaret, Fun Fridays, or KATivities) - \$825 _____

Registration Fee (Non-Refundable) _____ \$15.00

Additional T-shirt order (from page 2) _____

Optional Contribution to KAT Scholarship Fund _____

Total Due _____

Deposit Enclosed (50% of total due requested) _____

Balance Due (must be paid in full by June 1, 2010) _____

Credit Card Payment

Mastercard _____ Visa _____ (Please check)

Name on card: _____

Credit Card #: _____

3 digit security code: _____ Expiration Date: _____

Amount to be charged to credit card: _____

KAT COMPANY CANCELLATION POLICY

100% Refund Prior to May 1, 2010 * 50% Refund May 1, 2010 to June 1, 2010 * NO Refund after June 1, 2010
Registration Fee is Non-Refundable

____ I am interested in receiving information regarding the Apprentice Program.

(Apprentices must be 13 years old and have completed at least one year at KAT)

____ Please send a Scholarship Application

**Return all forms (5 total) to: KAT Company Registrar
PO Box 704
New London, NH 03257**



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MEDICAL FORM (1 OF 2 PAGES)

Student: Last Name, First Name		Date of birth	Age
Parent/Guardian name	Parent/Guardian name	Physician's Name	
Address	Address	Physician's Phone number	
Phone numbers to contact parent /guardian in case of emergency		Date of last exam	
1. ()			
2. ()			
3. ()			
4. ()			
If parent/guardian cannot be reached in an emergency, contact name and phone number			
_____ ()			

Has/does your child have (check all that applies):

	YES *	NO
Recent injury, illness or infectious disease	_____	_____
Chronic or recurring illness	_____	_____
Allergies	_____	_____
Asthma	_____	_____
Diabetes	_____	_____
Frequent headaches	_____	_____
Seizures	_____	_____
Sought professional help for emotional difficulties	_____	_____
Wear glasses, contacts or protective eyewear	_____	_____

*Please explain any "YES" answer below and on the reverse side.

Allergies

Allergic to: _____

Description of reaction:

_____ Local area swells rapidly and becomes red and warm

_____ Has hives

_____ Tongue swollen or enlarged

_____ Difficulty breathing. How soon after exposure? _____

Any other reaction? _____

Treatment:

Does your child take any medication for above reaction? _____

What medication _____ and how soon after reaction? _____

Does your child carry an Epic-Pen with him/her at all times? _____

Can he/she use Epic-Pen independently? _____

If your child suffers a severe attack, what plan of action do you prefer KAT Company to take? _____



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MEDICAL FORM (2 OF 2 PAGES)

Student Name: _____ Date of birth: _____

Diabetes

How often does hypoglycemia occur? _____

Date of last hypoglycemia episode? _____

Does your child carry a blood monitor on him/her? _____

If YES, can he/she use it independently? _____

Does your child carry candy or glucose tablets at all times? _____

If your child is experiencing hypoglycemia, what symptoms does he/she exhibit? _____

If your child is experiencing hypoglycemia, what plan of action do you prefer KAT Company to take? _

Seizures

Number of times child has seizures _____ Date of last seizure _____

Description of Seizure: _____

What triggers your child's seizures (e.g. flashing bright lights)? _____

If your child has a seizure, what plan of action do you prefer KAT Company to take? _____

Medications

Please list any medications your child is currently taking: _____

Use this space to provide any additional information about your child's physical, emotional and/or mental health that KAT Company should be aware of. (Use reverse side if necessary) _____



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Student Name (Please print): _____

MEDIA RELEASE

I hereby grant full permission to the Kearsarge Arts Theatre Company to prepare, use, reproduce, publish, distribute and exhibit my name, picture, portrait, likeness, voice, musical performance or printed material, or any or all of them in connection with the production of a motion picture film, videotape or film recording, soundtrack recording or still photography in any manner for educational, publication, information and any other professional purpose deemed necessary. I hereby waive any and all rights of privacy or compensation which I may have in connection with the use of my name, picture, portrait, likeness, voice, musical performance or printed material or any or all of them, in or in conjunction with said motion picture film, video tape or film recording, soundtrack recording or still photography and any to which the same of any material therein may be put, applied or adapted by the Kearsarge Arts Theatre Company.

I hereby DENY permission to the Kearsarge Arts Theatre Company for any of the above.

Signature (Parent/Guardian if Student under 18 years)

Print Name Parent/Guardian

Date

WAIVER

I have fully disclosed any special needs my child may have to safely participate in KAT Company.

I hereby agree to hold harmless KAT Company, its employees, contractors, officers, Board of Directors, and the Kearsarge Regional High School for any illness or injury suffered by my child due to his/her participation in the KAT Company Summer Program.

In addition, I understand that the above mentioned parties are not responsible for any loss or damage to my son/daughter's personal property.

In the event that a parent or the aforementioned contact cannot be reached in the case of an emergency, I relinquish authority for KAT to act in the best interest of my child. I understand that KAT Company, its employees, contractors, officers, Board of Directors, and the Kearsarge Regional High School are not responsible for any fees that may be incurred.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date