

**REGISTRATION FORM-SING OUT 1 with Mary Gatchell for ages 7-10**  
**June 21-25, 2010 from 3pm-5pm, Camp Recital, Friday June 25, 2010 @ 6pm**  
**Cost = \$135.00 (includes a \$10.00 Registration Fee)**

Please make Camp Fee payable to MARY GATCHELL and Registration Fee payable to LEDDY CENTER. Mail two checks to Leddy Center, PO BOX 929, Epping, NH 03042 along with completed registration form.

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_

MAILING ADDRESS(STREET NAME, NUMBER/POBOX): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

The following must be completed if student is under 18 years of age:

Mother/Guardian's Name: \_\_\_\_\_ Phone \_\_\_\_\_ Work or Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Phone \_\_\_\_\_ Work or Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

In case of an emergency, contact:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Medical Information: Do you/does the student have any medical conditions which could affect your/his/her participation in class?  
Please circle : Y / N If yes, what is the condition and what are the symptoms? \_\_\_\_\_

Do you/does the student take any medicines which could affect your/his/her participation in class? Please circle : Y / N If yes, what is the name of the medicine and what are the side effects? \_\_\_\_\_

Medical Insurance Information: Insurance Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

**Release/Waiver and Payment Agreement:**

I acknowledge that I have enrolled my child in a class, held at Leddy Center for the Performing Arts, Inc. and that I fully understand and appreciate that any activity which includes motion may cause accidental injury. I have consulted my physician and received assurances from my physician that the physical activity required of the program for which would be adversely affected by my/his/her participation in this program. I understand that I have/my child has the right to participate only to the extent I/he/she am/is comfortable, and I/he/she will limit my/his/her conduct accordingly.

I accept responsibility for any injury, physical or emotional, which might arise out of this activity and agree to hold Leddy Center for the Performing Arts, Inc., harmless for any damages and/or costs, and will reimburse any legal fees, which may be incurred should I make demand or institute suit and be unsuccessful in any such action. If I am unreachable, or I am/my child is unable to speak in the event of an injury, I grant permission for medical treatment to be given.

Disclaimer: age groups may be modified by Leddy Center to accommodate the classes. I understand that should I fail to make payment within one week of the due date, I/my child will not be allowed into camp until payment has been made in full. There are NO REFUNDS- NO EXCHANGES.

I agree to allow Leddy Center to use my likeness, whether in still or moving form, for publicity purposes including, but not limited to, newspaper, internet, posters and TV advertisements. I hold no contract with another agency or person which would prohibit such usage.

Please print, sign and date this form. Registrations are not accepted without signature and date.

Adult Student or Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_