

# ASPIRING ACTORS WORKSHOP

## REGISTRATION FORM

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STUDENT NAME: \_\_\_\_\_

STUDENT GRADE LEVEL: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT: \_\_\_\_\_

SPECIAL INSTRUCTIONS (allergies, medical concerns, etc.):

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T-shirt Size:      YS              YM              YL  
                         AS              AM              AL              AXL

I, \_\_\_\_\_, as parent/legal guardian of \_\_\_\_\_, a minor, (hereinafter "minor"), hereby grant the permission necessary to allow my minor to participate in the Winchester High School Aspiring Actors Workshop conducted by the WHS Drama Club. I acknowledge and agree in my own behalf and on the behalf of the minor, that such participation subjects minor to possibility of physical illness or injury and that I in my own behalf and on behalf of the minor acknowledge that the minor is assuming the risk of such illness or injury by participating in the clinic. In the event of such illness or injury, I authorize the sponsor to obtain necessary medical treatment for the minor and hereby, in my own behalf and on the behalf of the minor, release and hold harmless, Winchester High School, and the district of Winchester on which premises the clinic will be held and all personnel of Winchester High School in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on the behalf of the minor's physical illness or injury that the minor may sustain during the clinic and while traveling to and from the clinic.

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Parent/Guardian Signature

Date

Please return this completed form with payment to either the WGS or  
WHS Office by Wednesday, October 15<sup>th</sup>.

Checks may be made payable to WHS Drama Department.