**CONTAGIOUS DRAMA WORKSHOP**

REGISTRATION AGREEMENT

Adult 5 week session

**Student Information:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town:\_\_\_\_\_\_\_\_\_Zip Code:\_\_\_\_\_

Father/Mother Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_

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

**Emergency Contact:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class you are registering for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

How did you hear about Contagious Drama Workshop?\_\_\_\_\_\_\_\_\_

**Agreement:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby enroll into the Contagious Drama Workshop for the 5 week period starting 1/30/14. (No class on 2/27) I understand that the registration fee of $100 is for the entire session and is non-refundable. There will be no make up classes for individual students; missed classes will not be credited.

I hereby release The Contagious Drama Workshop and its staff from any and all legal liability and medical cost incurred in the course of instruction.

I have read the above Agreement and accept these terms.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Please mail this registration form with payment to:

Beth Painter/Contagious Drama Workshop

113 Washington Street Westfield, NJ 07090

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If you have any questions or need additional information, please contact

Beth Painter - contagiousdrama@yahoo.com