

# CONTAGIOUS DRAMA WORKSHOP

## REGISTRATION AGREEMENT

Middle/HS- Fall '22

### **Student Information:**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father/Mother Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### **Emergency Contact:**

Name \_\_\_\_\_ Relation: \_\_\_\_\_

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

**Registering for:** \_\_\_\_\_

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

### **Agreement:**

I hereby enroll my child, \_\_\_\_\_ into the Contagious Drama Workshop for the 12 week period of 9/22/22-12/15/22 (no class 11/24). I understand that the registration fee of \$390 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](mailto:contagiousdrama@yahoo.com)