



February Vacation Musical Theatre Camp: TREASURE ISLAND WINTER 2017 Registration Form

To register your child for WHBPAC's Musical Theatre Camp with Missoula Children's Theatre, please mail this completed form with full tuition (please make checks payable to WHBPAC or give credit card information at the bottom of this form) to:

Arts Academy
Westhampton Beach Performing Arts Center
76 Main Street
Westhampton Beach, NY 11978
Attn: Marissa Russo

If you are paying by credit card, you may fax this form to 631.288.7898.

Registration is on a first-come, first-served basis.

All participants must submit this form with full tuition, unless a payment plan has been agreed upon. If you are establishing a payment plan, **your child's spot in the program will not be confirmed until the signed Payment Plan Agreement form is returned.**

Call Marissa Russo for more information: 631.288.2350, ext. 112.

After registration is complete, a confirmation letter and program information will be mailed. **After a student's participation is confirmed, all fees are non-refundable.**

Attendance and Behavior

WHBPAC reserves the right to dismiss any participant whose behavior or attendance is deemed unacceptable. No refunds will be given for dismissal due to unacceptable behavior or attendance.

Camp Schedule

The program runs for one week, February 20-24 from 9am-3pm every day. Campers will return to the theatre at 5:30pm on Friday, February 24 for the performance at 7pm.

Questions?

Contact Marissa Russo at 631.288.2350, ext. 112 or by e-mail at MarissaR@whbpac.org.

Student's Information

Name: _____

All participants must be 5 (in Kindergarten) – 14 years of age at the time of program.

Age (at time of program): _____

Grade: _____ M _____ F _____

Parents'/Guardians' Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Phone: _____

E-mail: _____

How did you hear about this program?

Tuition: \$450

One Week Program: February 20-24

TOTAL: _____

Method of Payment:

Check Credit Card (MasterCard, Visa, or American Express)

Acct. No.: _____

Exp. Date: _____ Security Code: _____

Signature of Cardholder: _____
(Exactly as it appears on card)

Please make a copy of this form for your records.



Nancy & Frederick DeMatteis
Arts
Academy

WESTHAMPTON BEACH PERFORMING ARTS CENTER

STUDENT CONDUCT CONTRACT

Students and Parents: Please read carefully and initial each statement.

1. I understand that my conduct must show respect for the directors, the accompanist, technical staff, Westhampton Beach Performing Arts Center (WHBPAC) staff and my fellow actors.
PARENT/GUARDIAN _____ STUDENT ACTOR _____
2. I promise to rehearse diligently, learn all required lines, songs and dances and perform to the best of my ability regardless of the size of the part that I am assigned.
PARENT/GUARDIAN _____ STUDENT ACTOR _____
4. I understand that I may not leave the area in which I am working without the permission of the person in charge.
PARENT/GUARDIAN _____ STUDENT ACTOR _____
5. I understand that there are staff members working in offices at The Westhampton Beach Performing Arts Center during the course of this program and I promise not to disturb them with loud noise in the halls or while moving from one activity to another in the building.
PARENT/GUARDIAN _____ STUDENT ACTOR _____
6. I promise to be responsible for my belongings and respect the belongings of others. I promise to leave class and rehearsal areas clean, neat and to dispose of all trash properly. In addition, I promise not to harm or destroy the building or property of The Westhampton Beach Performing Arts Center. I understand if I break this promise, my parents will be liable for the payment of damages and I may be dismissed from the program with no refund of tuition.
PARENT/GUARDIAN _____ STUDENT ACTOR _____
7. I understand that The Westhampton Beach Performing Arts Center is a professional theatre and during the course of the program and production, I promise to learn and abide by the rules of theatre for conduct on stage and backstage.
PARENT/GUARDIAN _____ STUDENT ACTOR _____

I have read, understood and initialed the above conduct contract and I agree to follow it while participating in camp at WHBPAC. Infractions will be dealt with accordingly, up to and including dismissal from the program with no refund of tuition.

Date: _____ Student Signature: _____

Parent or Guardians Signature: _____

Day Phone: _____ Evening Phone: _____

76 Main Street, Westhampton Beach, NY 11978 ♦ (631)288-2350 Fax (631)288-7898

www.whbpac.org



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WESTHAMPTON BEACH PERFORMING ARTS CENTER

Medical Form and Photography Release

MEDICAL INFORMATION

Name of Child: _____

Address: _____ **State** _____ **Zip** _____

Parent/Guardian _____

Local Phone : _____ **Other Phone:** _____

Please list any injuries, physical, and emotional challenges, vision or hearing difficulties, allergies, chronic health conditions such as asthma and epilepsy, learning disabilities and any other information that would help the teaching artists serve your child to the best advantage. All children will be accepted into the program regardless of special needs.

Physician: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

PHOTO RELEASE

I give my permission for the above mentioned minor _____ (name of minor) to be filmed/photographed while participating in the Arts Academy at Westhampton Beach Performing Arts Center.

I understand that these films or photographs will be used by Westhampton Beach Performing Arts Center for educational and promotional purposes and that I am not entitled to compensation.

The undersigned parent/guardian hereby holds Westhampton Beach Performing Arts Center, Inc. harmless from any bodily injuries sustained while on the premises of the Westhampton Beach Performing Arts Center. It is also understood that the above-named corporations will not be held responsible for the loss or damage of any personal articles during participation in this class.

Date

Signature of Parent/Guardian



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WESTHAMPTON BEACH PERFORMING ARTS CENTER

Pick-Up Information Sheet

PICK-UP POLICY: Upon entering and exiting the theatre each day, each child will be checked in and out by our staff. **Parents/guardians more than 15 minutes late for pickup will be charged a \$25 late pickup fee.**

Please list all adults who have your permission to pick up your child.

NAME

PHONE #

1. _____
2. _____
3. _____

I hereby do / do not give my child _____ permission to arrive to
circle one child's name

and depart from class unescorted.

Please advise the above names of our Pick-Up Policy. This will be strictly enforced.

Parent or Guardian Signature: _____

Day Phone: _____ **Evening Phone:** _____