

## Summer 2017 Registration Form

_____ <b>Teen Theatre Troupe</b> July 3 – August 14 Mondays, Wednesdays & Thursdays	5 – 8pm Ages 12 and up	<b>Tuition \$700</b>	_____
_____ <b>Musical Theatre Camp: Wiz of the West</b> Monday, July 10 – Friday, July 14	10am – 4pm daily Ages 6 (entering 1 <sup>st</sup> grade) - 14	<b>Tuition \$450</b>	_____
_____ <b>Musical Theatre Camp: Rapunzel</b> Monday, July 17 – Friday, July 21	10am – 4pm daily Ages 6 (entering 1 <sup>st</sup> grade) - 14	<b>Tuition \$450</b>	_____
_____ <b>Tween Theatre Troupe: Haunted Hotel</b> Monday, July 24 – Friday, July 28	10am – 4pm daily Ages 9-11	<b>Tuition \$450</b>	_____
_____ <b>Camp Broadway</b> Monday, July 31 – Friday, August 4	9am – 5:30pm daily Ages 10 – 17 <i>This will be my _____ year participating in Camp Broadway.</i>	<b>Tuition \$750</b>	_____
_____ <b>Musical Theatre Camp: Cinderella</b> Monday, August 7 – Friday, August 11	10am – 4pm daily Ages 6 (entering 1 <sup>st</sup> grade) - 14	<b>Tuition \$450</b>	_____
_____ <b>Musical Theatre Camp: Tortoise versus the Hare</b> Monday, August 14 – Friday, August 18	10am – 4pm daily Ages 6 (entering 1 <sup>st</sup> grade) - 14	<b>Tuition \$450</b>	_____
_____ <b>Ballet Camp: Peter Pan</b> Monday, August 21 – Friday, August 25	Schedule TBA Ages 11 and younger Ages 12 and older	<b>Tuition \$375</b>  <b>Tuition \$400</b>	_____  _____
<b>TOTAL DUE</b>			_____

Child's Name \_\_\_\_\_ Age at time of camp \_\_\_\_\_ Grade (Sept. 2017) \_\_\_\_\_

T-Shirt Size (Youth S, M, L or Adult XS, S, M, L) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parents'/Guardians' Name/s \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street / P.O. Box) (City) (State) (Zip)

Local Address \_\_\_\_\_  
(Street / P.O. Box) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Additional Email Address: \_\_\_\_\_

To register your child please mail this completed form with full tuition to:

Arts Academy  
 WHBPAC  
 76 Main Street  
 Westhampton Beach, NY 11978

If you are paying by Credit Card you may fax this Form to 631.288.7898

Registration is on a first come, first serve basis.

**To establish a payment plan, please contact Marissa Russo directly. Your participation in the program is not confirmed until your payment plan agreement with Marissa is complete. (631) 288-2350 ext 112, marissar@whbpac.org**

This form must be completed with our Camp Permissions and Attendance Contract. After registration is complete, a confirmation letter and camp information will be mailed. After a child's participation is confirmed, all fees are non-refundable.

WHBPAC reserves the right to dismiss any student whose behavior or attendance is deemed unacceptable.

Office Use Only Date Received _____
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**Credit Card Payment Information**  
 (We accept Visa, MasterCard, American Express and Discover)

Account # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card (please print)  
 \_\_\_\_\_

Card Holder's Signature  
 \_\_\_\_\_

**Checks should be made payable to WHBPAC.**



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: \_\_\_\_\_



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## 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.

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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 Education Program 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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## 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—**INCLUDING PARENTS.**

NAME	PHONE #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

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:** \_\_\_\_\_