



February Vacation Theatre Camp: Prank Wars WINTER 2018 Registration Form

To register your child for WHBPAC's February Vacation Theatre Camp, please mail this completed form with full tuition (please note we **do not accept checks**) 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.

Scholarships are available with proof of free/reduced lunch status. For more information about scholarships, please contact Marissa Russo at 631.288.2350 or marissar@whbpac.org

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 19-23 from 9am-3pm every day. The final performance will be on Friday, February 23 3pm.

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 7-11 years of age at the time of program.

Age (at time of program): _____

Grade: _____ M _____ F _____

Parents'/Guardians' Information

Mother's Name: _____

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Cell : _____

Father's Cell: _____

Emergency Contact Name & Phone Number : _____

Mother's E-mail: _____

Father's Email: _____

How did you hear about this program?

Tuition: \$450

One Week Program: February 19-23

TOTAL: _____

Payment:

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.



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



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



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:** _____



WHBPAC Arts Academy Attendance Contract

To ensure that all of our young performers are properly prepared to perform, consistent attendance is essential. If your child must miss class/rehearsal, please notify Marissa Russo or Julienne Penza-Boone prior to the start of class/rehearsal. **Please note that any student who misses more than two rehearsals will NOT be able to participate in the culminating performance, and there will be no refund of tuition fees.**

By signing this document, you are agreeing to the terms above and are committed to upholding all of the above.

Parent Signature: _____

Please have this signed and returned before the start of class.