

**Epping Community Theater Class Registration Form**

**HOW TO REGISTER:** Please mail or drop off Registration form and 50% deposit to:

**Make Check Payable To:** Town of Epping

**Mailing Address:** 157 Main Street, Epping, NH 03042

**Physical Drop Off:** Town Hall Board of Selectman Office or Watson Academy in Epping.

Make sure you label the envelope “ECT Class Registration”.

You will be contacted once your registration and deposit is received to confirm your spot.

**Billing and Contact**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency phone #’s and contact name (include at least one contact different from above)**

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Mailing Address: Street/box#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name(s) and Classes (please print clearly)**

**If more space is needed include all info on a separate page**

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_  Grade: \_\_\_\_\_\_**

**Class Name (**include I,II,III) where appropriate:

Class 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total of Classes signed up for:\_\_\_\_\_\_\_\_\_\_ Deposit Amt enclosed(50% class fee)\_\_\_\_\_\_\_\_\_\_**

**Class Costs: 12 Week Class = $180**

**Refunds are only give prior to 1 week before classes start OR 50% credit if cancelled during week prior to classes starting.**

**All classes are held at:  Epping Playhouse, 38 Ladds Ln., Epping, NH**

**\*REMEMBER, the remainder payment for class is due on the day of the first class.**

**\*\*\*Please Read, sign and return with Registration Form\*\*\***

**Medical Information:**

**If there are any Medical Conditions, Medications or other Medical Issues we should know about, please explain:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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PERMISSION FOR PHOTOGRAPHS From time to time, the local news and the Recreation Department staff take photos of program participants in various activities which may be published. Please check your preference for the named participant regarding photographs.

\_\_Yes, I give permission for the above named participant to be photographed

\_\_No, I do not give permission for the above named participant to be photographed

**Release and Waiver of Liability and Indemnity Agreement**

In consideration of the permission granted to the participant named above to participate in the Epping Recreation Department program(s) I/we Shall Release Waive Discharge and Covenant Not To Sue the Town of Epping, Recreation Department, their agent and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant except in all case of gross or willful want on negligence of the Town of Epping, Recreation Department, its agents and employees or otherwise while the named participant, participates in the Epping Recreation Department programs(s).

I/we am aware that participation in this program may present a strain on my child’s body, or its parts and therefore I represent to the Town of Epping, Recreation Department that to the best of my knowledge, my child is in a proper physical condition to allow her/him to participate and that I/we assume the risk of participating.

I/we understand that in case of injury or illness, I/we are required to be present at all times during this program to seek medical attention, as needed, for my/ our child.

I/we the parent/legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntary and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Or Participant if over 18 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Or Drop off in person: Watson Academy or Epping Town Hall

or mail to Epping Recreation Dept., 157 Main Street, Epping, NH 03042