



Registration: Musical Theatre Arts Week August 12-16 2019; 9:00am-3:00pm*

(Before/after care available upon request*)

**Please bring Comfortable Shoes, packed lunch and water bottle
(no peanuts or peanut products please)**

Registration Form/Medical Information :

Participant's Name _____

Date of Birth _____ Age _____ Gender _____

For Costuming: Size shirt _____ Size pants _____ size shoe: _____

Parent/Guardian Name _____

Email _____

Address _____ Town _____ Zip _____

Phone#: H _____ W _____ C _____

*(please mark with an * the primary number of your emergency contact)*

Emergency Contact (if above not available) _____

Relationship _____

Phone: H _____ W _____ C _____

*(please mark with an * the primary number of your emergency contact)*

Doctor's Name _____ Doctor's Phone# _____

Insurance Carrier _____ Policy # _____

Pick-Up Information- Names/Relationship (who, besides you may pick up your youngster)

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Medical Information:

Will the participant have to take medication during the workshop day? Y/N _____
All medications must be in the original container with an accurate pharmacy label and must be accompanied by a physicians orders. All medications, both over-the-counter and prescription, must be given to the dance director upon check-in. Participants must be able to self-administer medication.

Medication and dosages _____

Allergies _____

Medical Conditions _____

Dietary Restrictions _____

Activity Restrictions _____

Other Information we should know _____

Permission: I give my permission for _____ to attend and participate in activities at the Theatre Art + Dance Workshop at the Trumansburg Conservatory of Fine Arts (TCFA). If emergency treatment is necessary, I understand that the participant will be transported to the nearest hospital emergency room. I give my permission for the attending physician to give emergency treatment, including but not limited to anesthesia, injections, and x-rays, if necessary. I understand that TCFA does not provide accident or medical insurance, and that I am required to provide my own.

(Please print name) (Signature)

Fee: Early Registration through June 1st: \$225 for entire week. 10% off for siblings. After June 1st: \$250. Please make checks payable to TCFA-CayAC and mail to:

TCFA, Attn CayAC, P.O. Box 1053, Trumansburg, NY 14886

***PLEASE NOTE: If you are in need of before or after care, contact Samantha Johnson, Dance Director at dance@tburgconservatory.org**

Office Use: Paid _____

Trumansburg Conservatory of Fine Arts, 5 McLallen Street, Trumansburg, NY 14886

phone: 607-387-5939 email: dance@tburgconservatory.org www.tburgconservatory.org