



Salad City, LLC Summer Theater Program 2015
Registration Form
 Located at Ridge & Valley Charter School

Name of Participant: _____ Age: _____

Name of Parent/Guardian: _____

Street Address: _____

City, State, & Zip Code: _____

Parent's Email Address: _____

Phone Numbers: (Home) _____ (cell) _____

Emergency Contact: (Name) _____ (phone) _____

(Relationship to participant) _____

Please Circle the weeks your child will be attending:

Heroic Hollywood: July 20st to 24th

Fairy Tale Fest: July 26th to July 31st

Cost: \$220 per student for the first session (additional weeks for the same student are \$180)
 Siblings receive a \$20 discount off of the original price per week (e.i. 1st week for sibling is \$200. 2nd week is \$160)

Refund Policy: Any cancellations prior to June 30, 2014 will be refunded in full. All cancellations after June 30, 2014 will be subject to a \$30 processing fee. Cancellations received after July 14, 2014 are non-refundable.

Health Concerns/Allergies: _____

***Adults Approved to Pick Up my Child (Carpool, Siblings, Aunts/Uncles, Family Friends, ect.)**

Full Name	Phone Number	Relationship to participant

By signing this document, I hereby waive Salad City Productions LLC from any liability of accidental injury to my child or accidental loss/damage of personal property associated with activities from participation in this event. I agree that I will instruct my child to follow all written and oral rules and instructions given by the program instructors.

My child(ren)'s picture/video (please circle) CAN CANNOT be used by Salad City productions LLC for publicity purposes.

Parent/Guardian Signature: _____ Date: _____

Email: saladcity@gmail.com Website: saladcityproductions.weebly.com