



ACT 1 REGISTRATION FORM
January 21, 2017 – 12:30-4:30
Memphremagog Arts Collaborative
158 Main St. Suite 2, Newport VT 05855
REGISTRATION BY JANUARY 15, 2017

Parent/Guardian _____ Relationship to Student _____

Student's Name _____

Date of Birth ___ / ___ / ___ Grade entering Sept. 2017 ___ School _____

Street _____

City _____ Zip _____

Daytime/Work Phone _____ Evening Phone _____

Cell Phone _____ Student's Cell (if applicable) _____

Email (required) _____ Student's Email _____

I give MAC Center for the Arts permission to reproduce photos or video images in which I or my child appear.

T-Shirt Size: T-shirts will be provided upon arrival on January 21. Extra Small Small Medium

PAYMENT: **Payment is due January 15, 2017**, please make checks payable to MAC Center for the Arts.

1 Student: \$25 USD 2 or more siblings/friends: \$40 (\$20 per student -US Funds only)

Please list a non-parent emergency contact IN ADDITION TO PARENT LISTED ABOVE.

Name _____

Relationship _____ Phone _____

NOTE: If you (or your child) have any allergies or other health concerns, please attach a separate sheet with any information the instructor should know.

"I understand fully that even after responsible precautions have been taken, class activities may involve hazards for which MAC Center for the Arts cannot be held responsible. In the event that I (or my child) become ill or injured during class, I authorize staff to seek emergency care. In signing below, I certify that I (or my child) am covered by health and accident insurance or Medicaid and that in the unlikely case of an accident, I will provide MAC Center for the Arts with the name of the carrier and the policy number."

Signature (Parent/Guardian) _____

Date _____

Once complete please return this form and payment to: MAC 158 Main St Newport 05855. Any questions can be directed to Lynn Leimer at macartspr@yahoo.com

