



**THE CENTER PLAYERS
WINTER 2019 REGISTRATION FORM**

NAME: _____
AGE: _____ GRADE: _____

I am a returning Center Player and my contact information has not changed

CONTACT INFORMATION (for new students)

Student's Full Name: _____ Student's Preferred Name: _____

Guardian's Full Name: _____ Student's T-shirt Size: _____

Email address: _____ Whose email is this (ie mom's, dad's, etc)? _____

Phone # _____ Whose phone # is this? _____

Emergency Contact (after Guardian listed above): _____ Phone # _____

Would anyone other than the Guardian listed above be picking you up from rehearsal? _____

**If yes, please list names & contact info:*

MEDICAL NOTES/ADDITIONAL INFORMATION

Please list any pertinent medical or other information that TCP staff might need to know.

GUARDIAN AGREEMENT

I understand the time commitment required for this program and agree to have my child present on time for every class/rehearsal. I have noted any pre-existing conflicts on the attached calendar. I agree to cooperate with all Center Players regulations and procedures. In addition, I understand pictures of classes may be taken and used for publicity or promotional purposes. I understand that tuition for this semester includes one "focus" class from the School of the Arts menu; I have selected my child's class(es) from the list below.

Guardian Signature: _____ Date: _____

Center Players Tuition **\$260**

Additional T-shirts
Please list sizes (\$15 each)

Additional DVD's (\$10 each) _____

Total Amount Due: