

Wexford Acting Studio Registration Form 2011-2012

Name of Student _____

Age _____ Date of Birth _____

Home Phone _____

HomeAddress _____

Cell Phone: Student _____ and/or Parent _____

Email:
Student _____ Parent(s) _____

Emergency
Contact(s) _____

Class Preference/Level & Day _____

Health
Conditions _____

Wexford Acting Studio Medical Release Form:

I do hereby release the Acting Studio and all instructors from any and all claims for damages or for injuries which I, or the minor student may sustain while participating in any activities with the Acting Studio. I do also give the Acting Studio permission to obtain or provide any necessary medical attention for the student.

_____ **Date**

Signature of Adult Student, Parent or Guardian

When Registering, first & last month's fee is due *plus* Registration Fee. Mail Registration Form to:
Wexford Acting Studio, 2611 Nicholson Rd. Building Two, Sewickley, PA 15143. Call 724-716-1920 or
visit our website for more information. www.WexfordActingStudio.com

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Tuition (Office Use Only)

Sept__ Oct__ Nov__ Dec__ Jan__ Feb__ Mar__ Apr__ May__ Jun__ Reg Fee(\$20)___

OR Paid in Full: 10% Discount___

Multiple Student Family Discount: 2 Students 10%___ 3 Students 15%___