

# Wexford Acting Studio 2011 Summer Camp Registration Form

Name \_\_\_\_\_

Age/Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Email Addresses \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_

Emergency Contact(s) \_\_\_\_\_

\_\_\_\_\_

Medical  
Conditions/Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## 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 Parent or Guardian**

\$200 Fee for camp must accompany registration: Deadline for camp registration is July 31<sup>st</sup>, 2011. Please mail registration and payment to: Wexford Acting Studio, 2611 Nicholson Rd., Bldg. Two, Sewickley, PA 15143

**(For Office Use Only) Check # \_\_\_\_\_ Date Received \_\_\_\_\_**