

Newberry Community Players

Children's Workshops

Young Players Info:

Name _____

Age _____ School _____

Do you have previous theater experience? Yes ___ No ___ (If Yes, what?)

Do you have previous dance experience? Yes ___ No ___ (If Yes, what?)

Do you have previous singing experience? Yes ___ No ___ (If Yes, what?)

Do you play an instrument? Yes ___ No ___ (If Yes, what instrument and what experience?)

List any conflicts you might have with the workshop schedule

Parent/Guardian Info:

Name(s): _____

Mailing Address _____

Home Phone _____ Cell/Work Phone _____

E-mail _____

Would you be interested in being a parent volunteer for the workshops? Yes ___ No ___

I understand the importance of my child being at each Saturday's workshop. I understand I am to contact the director of any planned or unplanned absences. I agree to hold the Newberry Community Players, The Ritz Theater, and the NCP board harmless from any potential litigation. I hereby authorize the leaders of the NCP Children's Workshop to give consent for any and all necessary emergency medical and First Aid for my child (listed above) while said child is in said individual's custody.

Parent/Guardian Signature _____ Date _____

Total Amount Due _____ (Non-Refundable)

Payment Amount _____ Date _____

Cash _____ Check # _____

NCP Board Member Initials _____