

Registration for Adventure Theatre Classes

1. Please complete one registration form for each child and for each class or workshop. Make copies of this form if needed.

2. Charge to a credit card or send a check payable to "Adventure Theatre." Use separate checks for additional registrations.

3. Mail, fax or bring completed registration and payment to:
Adventure Theatre
7300 MacArthur Blvd.
Glen Echo, MD 20812
Fax: **301-634-2269**.
Questions?
Call 301-634-2270.

POLICIES

Registration: Students are registered upon receipt of registration form and payment in full. No further notification will be given unless a class is filled or cancelled. Classes fill quickly. Register at least one week prior to the start of the class.

Refunds: If you wish to cancel, you must notify the Theatre at least 5 (five) working days prior to first class in order to receive a full tuition refund minus a \$10 registration fee. After the first class, you may receive a refund minus the registration fee and the cost of one class. After the second class, no refunds will be made.

Class Size: Adventure Theatre reserves the right to cancel any class or program not meeting minimum enrollment requirements.

Photos: Adventure Theatre reserves the right to use photos taken during the course or a program or class for promotional purposes only.

CLASS TITLE

CLASS NO. OR CLASS DATES

STUDENT NAME

AGE

GRADE SCHOOL

PARENT/GUARDIAN NAMES

STREET ADDRESS

CITY STATE ZIP

HOME PHONE

WORK OR CELL PHONE

E-MAIL

EMERGENCY CONTACT & PHONE

CLASS TUITION \$ _____

NON-REFUNDABLE REGISTRATION FEE \$ 10

TOTAL AMOUNT \$ _____

CHECK ENCLOSED: CHECK # _____

CHARGE MY CREDIT CARD:

VISA

MASTERCARD

CREDIT CARD NUMBER

CARD NUMBER SECURITY CODE # EXPIRES

SIGNATURE OF CARD HOLDER

LIABILITY RELEASE (Must be signed for child to participate in class)

Adventure Theatre assumes no liability for injury or damages arising from the result of participation in its classes, workshops or programs unless due to gross negligence or willful fault on the part of Adventure Theatre. I hereby approve my child's participation in this activity and consent to emergency medical treatment for my child on my behalf. To the best of my knowledge, there are no physical or other conditions that may interfere with my child's participation.

SIGNATURE OF PARENT/GUARDIAN