

Newton Youth Players Registration Form

Register by phone: **617-796-1540** or **617-527-8283**.

By Mail: PRINT CLEARLY and mail to:
Newton Youth Players / Newton Cultural Center
225 Nevada Street, Newtonville, MA 02460

Payment in FULL required at time of registration. Make check payable to: **City of Newton**

Or by **Credit Card**

Visa / MC# _____ exp _____

Signature _____

Child's Name _____

Grade* _____ School _____

*Grade is at the date of first rehearsal. For summer, it is the grade the child will be entering the following fall.

Parent's Name _____

Parent's Cell # _____ Home # _____

Address _____

City _____ Zip _____

Parent's Email _____

Payment in full is required at time of registration and includes a \$35 non-refundable registration fee. Remaining fees are refundable only up to two weeks before the first class. Thereafter, fees will not be refunded.

Fall / Winter / Spring Shows

Choose **either** Tuesday, Wednesday **or** Thursday show (Monday available in Fall for grades 3-7)

	Newton Resident	Non-Newton Resident
Fall 2010: Guys and Dolls	\$310	\$360
<input type="checkbox"/> Mondays (grades 3-7) 4:00-5:30	\$ _____	\$ _____
<input type="checkbox"/> Tuesdays 3:30-5:00	\$ _____	\$ _____
<input type="checkbox"/> Thursdays 3:45-5:15	\$ _____	\$ _____
Winter 2011: Peter Pan		
<input type="checkbox"/> Tuesdays 3:30-5:00	\$ _____	\$ _____
<input type="checkbox"/> Wednesday 3:30-5:00	\$ _____	\$ _____
<input type="checkbox"/> Thursdays 3:45-5:15	\$ _____	\$ _____
Spring 2011: My Fair Lady		
<input type="checkbox"/> Tuesdays 3:30-5:00	\$ _____	\$ _____
<input type="checkbox"/> Wednesday 3:30-5:00	\$ _____	\$ _____
<input type="checkbox"/> Thursdays 3:45-5:15	\$ _____	\$ _____
Newton Youth Players Tshirt: \$10.		
<input type="checkbox"/> Child's Medium		\$ _____
<input type="checkbox"/> Child's Large		\$ _____
Total Enclosed		\$ _____

For more Info:

<http://www.newtonyouthplayers.com>

lplaut@newtonma.gov

Mayor's Office for Cultural Affairs
Arts in the Parks
Newton Parks and Recreation Department
Release Forms

Medical Release Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____. However, if I cannot be reached, I hereby authorize the Mayor's Office for Cultural Affairs to transport my child to the Newton Wellesley Hospital, or _____ Hospital via Emergency Vehicle, and to secure for my child the necessary medical treatment

Signature of Parent(s)/Guardian(s)

Date

Parental Consent Release From Liability and Indemnity For Participation In The Mayor's Office for Cultural Affairs Programs

I/We, the undersigned father and mother, or guardian(s) of _____, a minor, do hereby consent to his/her participation in programs of the Mayor's Office for Cultural Affairs. I/WE forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/WE may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in, programs of the Mayor's Office for Cultural Affairs. FURTHERMORE, I/WE hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in, programs of the Mayor's Office for Cultural Affairs and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in programs of the Mayor's Office for Cultural Affairs.

Signature of Parent(s)/Guardian(s)

Relationship

Date

Witness

THIS FORM MAY NOT BE ALTERED

PHOTO RELEASE

I/WE, the parent(s) or guardian(s) of _____ do hereby grant permission for pictures to be taken of my child for the purpose of publicity for programs of the Mayor's Office for Cultural Affairs. I understand that photos may be published in local papers or in future brochures for the Newton Mayor's Office for Cultural Affairs.

Signature of Parent(s)/Guardian(s)

Date