

NO SQUARE THEATRE est. 1997

SQUARE ROOTS 2018 PARTICIPANT REGISTRATION: SUMMER CAMP

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ ZIP _____

EMAIL _____

SCHOOL YOU ATTEND _____

TEE SHIRT SIZE CHILD SIZE: CXS CS CM CL

ADULT SIZE: AS AM AL AXL

PARENT/GUARDIAN NAME/NAMES _____

EMAIL _____

PREFERRED PHONE _____ EMERGENCY PHONE _____

SQUARE ROOTS TUITION

5-8 \$270 9-13 \$350 13-18 \$400

Tuition may be paid in total with registration or with the following schedule:

\$100 Non-refundable deposit must accompany registration on or before 7/1/2018

\$balance Due on or before 7/14/2018

Tuition balance is non-refundable after 7/20/2018

A spot will be confirmed for a participant upon receipt of completed registration form and non-refundable deposit of \$100. The spot may be rescinded if participant fails to meet final payment deadline and may be given to a participant on the waiting list. No refunds will be made after the "non-refundable" date as outlined above.

Documentation for immunizations may be requested.

TOTAL TUITION ENCLOSED \$ _____

CREDIT CARD# _____ EXP _____

NAME ON CARD _____ AUTH. CODE _____

Or Make checks payable to: NO SQUARE THEATRE

I, the undersigned, understand that by registering my child for SQUARE ROOTS, I am obligated to pay tuition for the entire session by the dates outlined above, and under no circumstances will deposits or tuition be refunded after "non-refundable" dates outlined above, even in the case that my child withdraws from the program, at any time and for any reason. I also understand that an opportunity to purchase a minimum of 4 tickets for a performance will be made available for \$5 each to all participants. This offer will be for a limited time, after which tickets will be sold to the general public. There will be no 'standing room', and once the venue is 'sold out', no additional arrangements will be made to see the performance.

I hereby give consent for my student to participate in No Square Theatre SQUARE ROOTS from Jul 23-Aug 5, 2018. In consideration of your accepting my registration, I hereby, for myself, my child(ren), my heirs, executors and administrators, waive and release any and all rights or claims for any damages I or my child(ren) may have against No Square Theatre and/or SQUARE ROOTS and all injuries sustained or suffered by myself or my child(ren) at any given activity sponsored by No Square Theatre and/or SQUARE ROOTS. I do hereby verify that I fully understand and accept the preceding conditions for permitting my child to participate in SQUARE ROOTS and verify that my child's immunizations are up to date.

I hereby give my consent to have photos and/or videos of my child used for promotional purposes for No Square Theatre and/or SQUARE ROOTS (such as websites, social media, and flyers).

Signature

Date

Completed registration forms may be emailed to education@nosquare.org or mailed to:

No Square Theatre
PO Box 823
Laguna Beach CA 92652-0823

Questions and submissions should be sent to
No Square Theatre Artistic Director of Youth Education
Ella Wyatt at education@nosquare.org