



LIGHTS UP DRAMA STUDIO

Presents Summer Drama Workshop 2006

"Drama in the Sun"

An exciting summer assortment of skits, games and plays using visualization, movement to music, mime, role play, characterization and puppetry.

For ages 7 to 16 years. In association with the Milford Recreation Department.

Registration required, see below. For further information

Contact Roberta Woolfson ,Teacher – 672-7815

Experienced, certified literature and drama expert; professional storyteller; director of children's theater.

Dates:	Monday July 10 th – Friday July 14 th
Times:	9:00am to 12:00pm
Venue:	Milford Town Hall – 3 rd Floor Auditorium
Price:	\$80 (\$90 non resident) – Payable to Milford Recreation Dept., Return check Fee \$25, No refunds after start of session.

www.lightsupdrama.com

DRAMA REGISTRATION FORM - SUMMER 2006

Return with payment to Recreation Dept. 1 Union Square Milford NH 03055

Name _____ Gender _____ ☎ _____ DOB _____

Address _____ City _____ Zip _____

School _____ Email Address _____

Parent Name _____ Work ☎ _____

Emergency Contact _____ ☎ _____

Emergency Contact Relationship _____

PERMISSION, EMERGENCY TREATMENT, & WAIVER AGREEMENT:

** I hereby give my permission for my son/daughter to participate in the Milford Parks & Recreation Department program(s). I am aware of the hazards of the activity/sport and the risk of injury in these athletic and active programs. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do hereby waive, release, indemnify and agree to hold harmless the said Town of Milford, its volunteers, staff and all sponsors from all liability for any and all loss or damage, and any claim arising out of injury to my son/daughter or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

** In case of emergency, I hereby give my permission to the program staff and medical personnel selected by the Recreation Department and staff, in my absence, to act as my agent, to apply simple first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of my child. IN THE EVENT OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT PARENT(S)/GUARDIAN(S).

** PLEASE LIST ALL medical concerns or instructions the staff should know regarding your child's health (medications, allergies, etc.)

Parent/Guardian's Signature _____

Date _____