



LIGHTS UP DRAMA STUDIO

Presents Summer Drama Workshop 2005

"Summer Showtime"

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

For ages 8 to 18 years. In association with the
Milford Recreation Department

**Registration required. Complete and return registration form (with parent signature) to
Recreation Dept., 1 Union Square, Milford, NH 03055**

Checks made payable to "Milford Recreation Dept.". Returned check fee is \$25. No refunds after start of session.

Contact Rec. Dept. – 672-1067 or Roberta Woolfson, Teacher – 672-7815

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

Dates:	Monday July 25 th – Friday July 29 th
Times:	9:00am to 12:00pm
Venue:	Milford Town Hall – 3 rd Floor Auditorium
Price:	\$80 – Payable to Milford Recreation Dept.

www.lightsupdrama.com

SUMMER DRAMA REGISTRATION FORM

**** One Form Per Child ****

NAME _____ DOB _____ MALE _____ FEMALE _____

Address, Town, Zip _____ Home Phone _____

Parent's Name _____ Parent's Work Phone _____

Family E-Mail: _____

Emergency Contact Name _____ Relation _____ Phone _____

HEREBY GIVE MY PERMISSION for my son/daughter to participate in the Milford Recreation Dept program. 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 for 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 Dept 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/GUARDIAN.**

MEDIA RELEASE: I hereby grant the Milford Recreation Dept. permission to record child's voice and/or picture for use in television, films, radio or printed media to further the aims of the Recreation program in related campaigns and magazines articles, booklets, posters and in other ways they may see fit. Yes _____ No _____ Initials _____

PLEASE LIST ALL MEDICAL CONCERNS or instructions the staff should know regarding your child's health on the back of this sheet (medications, allergies, behavior concerns, etc.)

Family Insurance Yes _____ No _____

Company Name & Policy _____

Parent/Guardian's Signature: _____ Date _____