



LIGHTS UP DRAMA STUDIO

Presents Summer Drama Workshop 2008



Stir up your own Show

One intense week of
Silly Showtime!

Stage Stories into plays, learn to use a script and present a play. Warm up with theatre games and improvisation.

www.lightsupdrama.com

For ages 7 to 14 years. In association with the

Milford Recreation Department
For further information contact 249-0625.

Registration required, see below.

Roberta Woolfson, Teacher – 672-7815

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

Dates:	Monday July 28 th – Friday Aug 1 st
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.



DRAMA REGISTRATION FORM - SUMMER 2008

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 _____