

WINTER/SPRING REGISTRATION

Complete information below (separate form for each registrant) and return with payment to: Fantasy Playhouse Children's Theater & Academy, 3312 Long Ave., Huntsville, AL 35805 or Fax to 256-539-6835

STUDENT INFORMATION

Name _____ Male Female
 Age _____ DOB _____ New Student to FPCT? Y N
 School Currently Attending _____ Grade _____

So that we may better serve you, please inform us of any allergies and/or physical, developmental or cognitive disabilities: _____

How did you hear about Fantasy Playhouse: _____

Each student receives a FREE t-shirt (check one): Youth: S M L XL Adult: S M L XL

PARENT/GUARDIAN INFORMATION

Name _____ Relationship _____
 Address _____ City, State, Zip _____
 Home Phone _____ Cell _____
 Email Address* _____

**Important! required for confirmation purposes!*

List person(s) responsible for after class pick-up
 Name _____ Cell _____
 Name _____ Cell _____

Does anyone in your household have military affiliation? Please check all that apply:
 Active Duty Reserve Civil Servant Government Contractor

CLASSES / TUITION

Class 1 _____
 Class Day _____ Class Tuition \$ _____
 Class 2 _____
 Class Day _____ Class Tuition \$ _____
 Class 3 _____
 Class Day _____ Class Tuition \$ _____
Discounts \$ _____
Total Tuition \$ _____

PAYMENT

Check enclosed (make payable to "FPCT")
 Credit Card: Visa MC Discover Amex
 Name on Card _____
 Account # _____
 Zip _____
 Exp. Date _____ CVV _____
 Cardholder Signature _____

**Early Bird Discount applies to registrations received by Jan. 12, 2018 *FPCT Season Subscriber Discount (\$5 off per child)*

RELEASE AGREEMENT

Although every effort is made to provide a safe environment, Parent/Guardian should recognize that there is always a risk of accident. Parent/Guardian agrees to be responsible for any medical bills incurred resulting from illness or injury during child's participation in Fantasy Playhouse Children's Theater & Academy programs. Families are expected to carry their own accident and medical insurance and agree to hold harmless Fantasy Playhouse Children's Theater & Academy from any and all liability and/or claims or damages arising out of personal injury of any kind. If necessary, Parent/Guardian authorizes Fantasy Playhouse Children's Theater to administer first aid and/or authorize medical treatment for program participant.

I have read and understand all program information, and hereby grant permission for the child named above to participate in the Fantasy Playhouse Children's Theater & Academy programs.

Parent/Guardian Signature _____ Date _____