



## Dodge Pratt Northam Art and Community Center

106 Schuyler Street

Boonville, New York 13309

315-942-5133 [dpnart@frontier.com](mailto:dpnart@frontier.com)

### Summer Musical Theater Program:

I give permission for my child to participate in the Dodge Pratt Northam Art and Community Center's Summer Musical Theater Program. I understand that the program takes place at the Dodge Pratt Northam Art and Community Center and The Boonville K-5 Auditorium and is overseen by DPN employees. The cost of the program is \$15 for members and \$30 for non-members.

- The Children's Musical rehearsals will be hosted on Tuesday, Wednesday and Thursday, from 12:00-1:30.
- The Youth Musical rehearsals will be announced by the director.
- The performance is Thursday, August 10<sup>th</sup> at 6:00pm.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Grade in fall: \_\_\_\_\_

Member of DPN (circle one):    Yes                      No

Parent Name: \_\_\_\_\_ Parent email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Phone 2: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone(s): \_\_\_\_\_

Please list any allergies/medical concerns, including required medications and physical or other restrictions.

I am the parent/guardian of the above mentioned participant and give permission for my child to attend the program.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give my consent for DPN to take photographs/video of my child during their program participation. I consent to the use of these photos by DPN on its website, Facebook page, brochures, and other advertisement and grant purposes.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Paid \_\_\_\_\_