



**IceHouse Kids & Teens: Summer 2017
THE MUSIC MAN Two-Week AUDITION
WORKSHOPS**

Fill out a separate form for each child registering:

Student Name _____

Birth date _____ M or F _____ Age _____

Street Address _____

City _____ State _____ Zip _____

Legal Guardian(s) _____

Parent Name & Email _____

Student's Email _____

1) Parent or Guardian's Cell _____

2) Parent or Guardian's Cell _____

Emergency Name & Phone _____

MUSIC MAN AUDITION WORKSHOP

June 5-16 (Mon-Fri, for two weeks) Tuition: \$150

Select Your Child's Age Group:

_____ 8 - 11 Years 12:00 – 2:00 PM

_____ 12 - 15 Years 3:00 – 5:00 PM

REFUND AND CANCELLATION POLICY: Withdrawal after the first meeting will result in a \$15 fee deducted from the refund. The IceHouse reserves the right to alter or cancel scheduled sessions as necessary. Cancellation due to insufficient enrollment may be made up to 24 hours prior to the first meeting and students will be notified; paid tuitions will be fully refunded.

PAYMENT IS DUE WITH REGISTRATION. Payment arrangement must be made by Thursday, June 1, or the student will not be admitted to attend. If applying for a Scholarship, that Application must be submitted along with this Registration, by June 1, 2017. Maximum Aid: 50% of Tuition.

Check Enclosed \$ _____ Make checks payable to: The IceHouse Theatre.

Visa or MC # _____ exp date _____

Name on Card _____ C V V code: _____

Signature _____

MAIL Registrations and Scholarship Applications to: The IceHouse Youth Theatre, 1100 N. Unser St., Mt. Dora, 32757. Or Fax to: 352-735-2361. To obtain a Scholarship application: Call (352) 383-3133, ext 3, or email: darlin@icehousetheatre.com, Or download: www.icehousetheatre.com.

PLEASE READ AND SIGN: I agree to release, discharge, and hold harmless The IceHouse Theatre, and the Workshop venue, and the officers, directors or agents of both organizations, from any claims, demands or liability of damage arising from the participation of my child in any IceHouse programs. In the event my child becomes ill, I authorize The IceHouse staff to obtain medical attention for my child at a physician's office or hospital. I understand that every effort will be made to reach me before medical permission is given to treat my child. His/her coverage:

Insurance Co. _____

Insurance Phone # _____

Group # _____

Parent/Guardian Signature _____ Date _____

To assist us in obtaining care for your child in an emergency, indicate if he/she has allergies or specific special medical needs. Describe: _____

PHOTO RELEASE: I grant The IceHouse permission to photograph or record images of my child or myself and to use these images in print, electronic or video formats. I release all claims against The IceHouse with respect to copyright ownership and publication, including any claim for compensation for their use.

Parent/Guardian Signature Required: _____