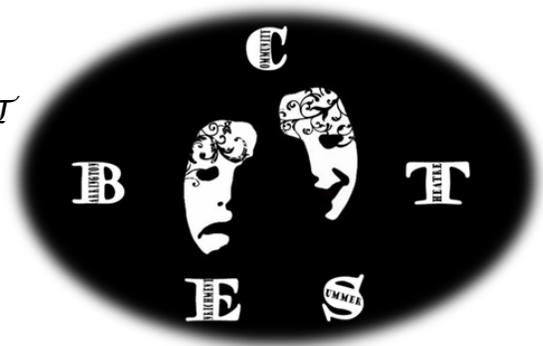


TOWN OF BARRINGTON ENRICHMENT
AUTUMN THEATER PROGRAM
SEPTEMBER 15 – DECEMBER 13
6:00 P.M. – 8:00 P.M.
MONDAY, TUESDAY, WEDNESDAY



CHILD'S NAME _____ AGE _____ DOB _____ M _____ F _____ O _____

ADDRESS _____ HOME PHONE _____

PARENT'S NAME _____ CELL PHONE _____

EMERGENCY CONTACT PERSON _____ PHONE _____

PARENT'S EMAIL: _____ ACTOR'S EMAIL: _____

KNOWN ALLERGIES FOR YOUR CHILD _____

ANY SPECIAL MEDICATION REQUIRED** _____

ANYTHING SPECIFIC WE SHOULD KNOW ABOUT YOUR CHILD _____

I, THE PARENT/GUARDIAN OF THE ABOVE CHILD, HEREBY GIVE MY APPROVAL FOR HIS/HER PARTICIPATION IN ANY/ALL ACTIVITIES DURING THE CURRENT BARRINGTON ENRICHMENT AUTUMN THEATER PROGRAM.

I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS ALL INDIVIDUALS RESPONSIBLE FOR THE CONDUCT OR ACTIVITY INVOLVING MY CHILD.

FEE: \$300.00 RESIDENTS/ \$325.00 NON-RESIDENTS

SIGNATURE _____

PARENT/GUARDIAN

AMOUNT PAID \$ _____ CHECK # _____ CASH \$ _____

Please make checks payable to "TOWN OF BARRINGTON" and return to the Town Manager's Office, 283 County Road (401-247-1900 x308).

**NOTE: \$30.00 PROCESSING FEE FOR EARLY WITHDRAWALS
NO REFUNDS AFTER THE CAST FOR THE PERFORMANCE IS SELECTED.**

Photographs of your child participating in the program may be taken and used for promotional reasons. If you object to the use of your child's image, please submit this in writing for our records. Thank you.

****If your child requires special medication, please send it with them, and let us know where to find it in case of emergency.**