



SummerSPLASH Tweens / Ages 10-14

Theater Arts Program for Tweens. Excite, explore, express.

Registration / Information

INSTRUCTIONS: Please complete this entire registration and return with payment (check, cash, or Venmo payment options)

Make checks payable to: LaneCoArts. Be sure to sign the parental authorization below.

Parents / Guardians Must Complete this Portion.

Name of Child _____ Sex _____

Date of Birth _____ Age as of July 1, 2023 _____ Grade entering Sept. 2023 _____

STUDENT INFORMATION

Name of School entering in September 2023 _____

Additional information regarding your child's needs _____

General Information:

Home Address _____ Home Phone _____

Mother's / Guardian's Name: Last _____ First _____

Father's / Guardian's Name: Last _____ First _____

EMERGENCY INFORMATION: Additional adult contact who can be reached in the event of an emergency.

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Program Requirements:

- Wear comfortable clothes (shorts, athletic gear).
- Please provide drinks and snack materials.
- Please provide specific, preferred cleansing products for hands.

Dates: Tuesday July 11 – Thursday August 24, 2023.

Chatham Community Center, 702 Main Street / Chatham, MA.

4:30 - 6:30 PM / Tuesdays and Thursdays

- Week 1: July 11 & 13, 2023
- Week 2: July 18 & 20, 2023
- Week 3: July 25 & 27, 2023
- Week 4: August 1 & 3, 2023
- Week 5: August 8 & 10, 2023
- Week 6: August 15 & 17, 2023
- Week 7: August 22 & 24, 2023

Please indicate selected session(s) or days _____

\$50.00 for one week. \$25 for one drop-in class. Deadline for enrollement: One week prior.

Financial Aid Available for Those in Need. Contact Lane Gifford For Assistance.

No refunds issued after the start of the program. Complete refunds will be issued if the program is canceled due to insufficient registration. SummerSPLASH reserves the right to cancel due to insufficient enrollment.

PARENTAL AUTHORIZATION

- 1) I agree to a temperature reading for my child on each day of SummerSPLASH if COVID persists.
- 2) I have read, I understand and I agree to the rules that have been set forth in this REGISTRATION FORM.
- 3) In the event of an emergency, I give my permission to have my child treated by medical personnel.
- 4) I understand that this program does not carry accident insurance and that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.
- 5) I indemnify and hold SummerSPLASH and Lane Gifford harmless against claims and damages arising against SummerSPLASH, Lane Gifford and employees.
- 6) I give permission to have my child photographed / videotaped for publicity or news story purposes.

Parent / Guardian Signature _____ **Date** _____