

Boston Patio Playhouse – 2016 Summer Program Registration

Front Porch Players

Both

Please fill out the following information for each student. A \$200 deposit is required at the time of registration.

Backyard Opera

Register for (circle one):

July 5-15 August 1-12 \$1260 \$700 \$700 (10% Discount) Financial aid is available. Fill out the financial aid application form or email Stephanie@BostonPatioPlayhouse.com for more information on financial aid. Student's Name: Address: Birthday: Grade Entering (Fall 2016): School (Fall 2016): Gender: Voice Type (i.e. Soprano): Parent/Guardian 1 Information Name: Email Address: Cell Phone Number: Additional Phone Number: Address: (If different than student's) Parent/Guardian 2 Information Name: Email Address: Cell Phone Number: Additional Phone Number: Address: (If different than student's) Contact information for any additional parents/guardians:

Name:	Phone Number:		
I give my consent for Bo	oston Patio Playhouse to seek emergency treatment for my child:	□ Yes	□ No
My child has permission	n to travel home unescorted:	□ Yes	□ No
If not, please list the nan	nes of adults who are authorized to pick up your child, other than t	hose listed	d above:
My child has permission	n to be driven by a Boston Patio Playhouse staff member:	□ Yes	□ No
If my child doesn't bring	g a lunch, he or she has permission to walk to purchase lunch at a r	nearby loc	ation (The
student would be accomp	panied by a staff member):	☐ Yes	□ No
I release the Boston Pati	o Playhouse (BPP) staff and the United Parish of Brookline from l	iability in	the event o
injury to my child during	g participation in any and all BPP related activities:	☐ Yes	□ No
A quote from my child r	may be used on the BPP website or in BPP publicity materials:	☐ Yes	□ No
A photograph of my child may be used on the BPP website or in BPP publicity materials:			□ No
A video of my child may	y be used on the BPP website or in BPP publicity materials:	☐ Yes	□ No
Photos or videos of my o	child may be used on BPP social media sites:	☐ Yes	□ No
Please describe your chi	ld's performance experience and interests:		
Backyard Opera Only: V	Would your child be available for a rehearsal on Saturday, July 9?	□ Yes	□ No
How did you hear about	us?		
Your Name:			
Signature:	Date:		
Please mail to:	Boston Patio Playhouse		
	P.O. Box 1366		

Brookline, MA 02446