

*The Burt Wood School of Performing Arts*

**Summer Arts Festival 2008 ~ Registration**

Name \_\_\_\_\_

Address: \_\_\_\_\_

Age of Applicant: \_\_\_\_\_ Date of birth \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact & Telephone: \_\_\_\_\_

***Do you have vacations scheduled during the Festival?:***

\_\_\_\_\_

Allergies: \_\_\_\_\_

Health Insurance Provider & Policy Number:

\_\_\_\_\_

***\*In the event of a medical emergency, I authorize a member of The Burt Wood Summer Arts Festival staff to seek proper medical attention for my child. Also, I understand that the Administrative Staff of the Festival has the right to dismiss my child from the program for inappropriate behavior and that tuition is non-refundable.***

\_\_\_\_\_  
Parent/Guardian Signature