Deaf Theater Registration-Permission Form

Student name:_____Age:_____

I give permission for my son/daughter to participate in the First Night Worcester Deaf Youth Theatre Program (an American Sign Language Children's Theatre Group) and I understand that I will need to provide transportation for my child. I also understand that he/she is expected to participate in all workshops and rehearsals on the dates, times and at the locations listed below and in a performance at the First Night Worcester celebration on Thursday, December 31, 2009.

Locations, dates and times for workshops, rehearsals and performance:

College of the Holy Cross ~ 1 College Street ~ Worcester ~ STEIN Building~ Room TBA

Sunday	October 18	3:00 – 5:00 PM	Workshops
Sunday	October 25	Same times	Workshops
Sunday	November 1	Same times	Workshops
Sunday	November 8	Same times	Workshops
Sunday	November 15	Same times	Workshops
Sunday	November 22	Same times	Workshops
Sunday	December 6	Same times	Workshops
Sunday	December 27	9:30 – 3:00 PM	Workshops/Rehearsal
Monday	December 28	9:30 – 3:00 PM	Workshops/Rehearsal

Mechanics Hall ~ Great Hall ~ 321 Main Street ~ Worcester

Tuesday	December 29	TBA	Rehearsal
Wednesday	December 30	TBA	Rehearsal
Thursday	December 31	4:00 – 4:45 PM	Performance

_____ _____
Student Signature Street Address

_____ _____
Parent Signature City, State, Zip

_____ _____
Telephone number Email

_____
Emergency contact relationship telephone number

Please describe any special issues or dietary restrictions for your child.
_____

I authorize photos/videos of my child to be taken with possible use for promotion of this program.

_____ _____
Parent Date

• A $10 registration fee should accompany this application. Checks can be made payable to First Night Worcester (Need-based scholarships available.)

• Please have your child bring lunch.

Please note: Space is limited. Please return this form received by 10/15/09.