

**CLASS IS LIMITED TO 30 STUDENTS**

**Receipt #** \_\_\_\_\_

**TROY RECREATION DEPARTMENT'S  
2009  
MUSICAL THEATER**

**SESSION I**

Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(street) (city) (zip)

E-Mail Address \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Allergic to any medication? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Call \_\_\_\_\_ Phone \_\_\_\_\_  
(neighbor or relative)

\_\_\_\_\_ **SESSION IA**

\_\_\_\_\_ **SESSION IB**

**COMPLETED GRADES 1-5**

**9:00 A.M.-12:00 NOON**

**JUNE 8-11**

**JUNE 15-17**

**COMPLETED GRADES 5-12**

**JUNE 8-11, 1:00-4:00 P.M.**

**JUNE 12, 9:00 A.M.-4:00 P.M. (Bring a packed lunch)**

**JUNE 15-18, 1:00-4:00 P.M.**

**JUNE 19, 9:00 A.M.-4:00 P.M. (Bring a packed lunch)**

**JUNE 22, 1:00-4:00 P.M.**

**FINAL PERFORMANCES:**

**THURSDAY, JUNE 18, 2009**

**10:00 A.M. & 6:30 P.M.**

**FINAL PERFORMANCES:**

**TUESDAY, JUNE 23, 2009**

**2:00 P.M. & 6:30 P.M.**

**REGISTRATION FEES: \_\_\_\_\_ \$32.00**

**REGISTRATION FEES: \_\_\_\_\_ \$38.00**

**WAIVER AND RELEASE**

We, the undersigned being fully aware of the danger inherent to the Musical Theater program, do give permission for our son/daughter to participate in the above program. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Program Instructor, Troy Recreation Director, driver of automobile, or their agents or servants, as a result of injuries incurred by our child while participating in the above program, in which the child is registered, or while riding in an automobile to attend field trip site. I grant and give the City of Troy the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes included, but not limited to, private or public presentations, advertising, publicity and promotions.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(parent or legal guardian)

**REFUND POLICY:** Department will make program refunds for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the programs starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.

**CLASS IS LIMITED TO 30 STUDENTS**

**Receipt #** \_\_\_\_\_

**TROY RECREATION DEPARTMENT'S  
2009  
MUSICAL THEATER  
SESSION II**

Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(street) (city) (zip)

E-Mail Address \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Allergic to any medication? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Call \_\_\_\_\_ Phone \_\_\_\_\_  
(neighbor or relative)

**COMPLETED GRADES 1-8**

**JULY 6-10 1:00-4:00 P.M.**

**JULY 13-15 1:00-4:00 P.M.**

**FINAL PERFORMANCES:**

**THURSDAY, JULY 16, 2009**

**2:00 P.M. & 6:30 P.M.**

**REGISTRATION FEE: \_\_\_\_\_ \$38.00**

**WAIVER AND RELEASE**

We, the undersigned being fully aware of the danger inherent to the Musical Theater program, do give permission for our son/daughter to participate in the above program. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Program Instructor, Troy Recreation Director, driver of automobile, or their agents or servants, as a result of injuries incurred by our child while participating in the above program, in which the child is registered, or while riding in an automobile to attend field trip site. I grant and give the City of Troy the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes included, but not limited to, private or public presentations, advertising, publicity and promotions.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(parent or legal guardian)

**REFUND POLICY:** Department will make program refunds for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the programs starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.