

**Chester Parks and Recreation
Theatre Workshop Registration
Tuesdays, September 27, October 4, 11, 18, and 25, 2011
and/or
Tuesdays, March 6, 13, 20, 27, and April 3, 2012
Grades 1 through 6, 3:15-4:15pm at Chester Elementary School
\$45 per session**

After you have called to register and your space is confirmed, complete the following information and return the form with the fee made payable to:

“TigerTale Theatre”

to the Parks and Recreation mailbox at the Town Hall or mail to:

Town of Chester
Parks and Recreation
203 Middlesex Avenue
Chester, CT 06412

Please provide your child with comfortable clothing.

Participant's Name: _____ Grade: _____ Age: _____

Home Phone Number: _____ e-mail Address: _____

Mailing Address: _____

Parents' Name(s) and Phone Number(s) During the Program:

Please list any concerns regarding your child that should be brought to the attention of the instructor. Please include all concerns, including physical, emotional, and social and indicate if your child will require medication during the activity.

Emergency Name(s) and Phone Number(s):

The following people have permission to sign my child out:

The child's parent, or a person designated above, must come in to the building to sign them out after the activity.

I give permission for my child, named above, to participate in the Chester Parks and Recreation Theatre Workshop program, September 27, 2011 through April 3, 2012. I give the instructor or the staff of the Chester Parks and Recreation department permission to seek emergency medical treatment for my child. I understand that there are inherent risks to this activity and I assume those risks.

Signature of Parent or Guardian

Date