

Wexford Acting Studio

Registration Form 2016-2017

Name of Student_____

Age_____ Date of Birth_____

Home Phone_____

Home Address_____

Cell Phones:
Student_____ & Parent/Guardian_____

Email: Student_____ Parent/Guardian_____

Emergency Contact_____

Class/Level/Day/Time_____

Health Conditions_____

Wexford Acting Studio Medical Release Form:
I do hereby release the Wexford Acting Studio and all instructors from any and all claims for damages or for injuries which I, or the minor student may sustain while participating in any activities with the Acting Studio. I do also give the Acting Studio permission to obtain or provide any necessary medical attention for the student.

Signature of Adult Student, Parent or Guardian

Date

Tuition Breakdown: Levels One & Two: \$85, Level Three: \$100

When registering, please remit *first & last month's tuition breakdown plus \$20 Registration Fee*. Mail or bring registration form to:

Wexford Acting Studio, 2611 Nicholson Rd. Building Two, Sewickley, PA 15143.
Call 412-491-2416 or visit our website for more information.
WWW.WexfordActingStudio.com

You must be registered for the new program year to participate in the fall show. 10% Family discount for Two Students, 15% for Three Students. 10% discount if tuition is paid in full.

Check #_____ Date Paid_____