

Child's First Name: _____ Last Name: _____ Birth Date: _____

School Currently Attending: _____ Current Grade: _____

Student Cell Phone: _____ Student Email: _____

Sex (Circle One): M F

Wingspan Players 6-8 th Grades	Musical Theatre July 8-August 10 (5 Weeks)
Wingspan Ensemble 9-12 th Grades	Theatre July 8-August 18 (6 Weeks)

HOW DID YOU HEAR ABOUT US? _____

TEACHER RECOMMENDATION MUST BE ENCLOSED WITH THIS APPLICATION

Teacher: _____ Contact Phone: _____ Email: _____

***Teacher recommendations can be from any teacher that you feel can best describe your child; it does not have to be a performance teacher. Recommendations should give us a sense of what your child is like in classroom settings or rehearsals, aspects that we cannot see in an audition.**

PARENT/GUARDIAN INFORMATION

Name: _____ Name: _____ Address: _____

Daytime Phone: _____ Daytime Phone: _____

Cell/Other Phone: _____ Cell/Other Phone: _____ Zip: _____

Email: _____ Email: _____ Phone: _____

(Please write clearly and include an active email address, this is how we will contact you re: auditions)

MAIL TO: WINGSPAN ARTS, 630 9TH AVE, SUITE 410, NEW YORK, NY 10036 ATTN:
Summer Conservatory Applications
QUESTIONS OR CONCERNS contact Jessica or Marissa at 212-586-2330

Wingspan Arts Terms and Conditions for participation in Conservatory Programming:

I understand and agree:

- 1) That the Program requires my child to meet certain standards of behavior and that if my child fails to behave or demonstrates repeated unsatisfactory conduct, the Program has the right to dismiss my child from the Program;
- 2) That Wingspan Arts reserves the right to change instructors and room assignments as necessary, or to cancel classes not meeting minimum enrollments;
- 3) That if my child is injured and requires medical attention and I cannot be reached for instructions, I do hereby give authority to Wingspan Arts to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible;
- 4) That during the Wingspan Arts Conservatory program, my child may be photographed and/or videotaped by Wingspan Arts personnel or its authorized agents exclusively for internal and/or promotional use;
- 5) That some Program classes may involve trips outside the building supervised by staff of the Program. I give my child permission to go on any such trips organized as part of the Program, including (but not limited to) neighborhood libraries, parks, museums, and other schools;
- 6) That in consideration of conducting the Wingspan Arts Conservatory Program and allowing my child to participate in such program, I hereby release and forever discharge Wingspan Arts, Inc., and its officers, volunteers, employees, contractors, and agents from any liability arising out of or based upon any bodily injury or property damage which may be sustained by my child while participating in such program.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Wingspan Arts, Inc • 630 Ninth Avenue, Suite 410 • NYC 10036
212-586-2330 • 212-582-0781 (fax)
www.wingspanarts.org