



Epping Community Theater

Charlie Brown Christmas Play

4:30-6:00pm Monday and Wednesday

9/9/2026- 12/6/2026

Make checks payable to ECT Boosters

Held at Watson Academy Recreation Center

Registration Fee is \$150 per participant

Grades 2-4

**Space is limited! We expect to fill up quickly !
Please wear proper shoes and bring a water bottle!**

Participant Name: _____

Grade: _____ Age: _____ DOB: _____

Parent/ Guardian Name: _____ Home/ Cell Phone: _____

Address: _____ Town: _____ Work Phone: _____

Email Address (For Program Notifications): _____

Emergency Contact: _____ Relationship: _____ Phone Number: _____

Emergency Contact: _____ Relationship: _____ Phone Number: _____

Important medical history we should know about: _____

PERMISSION FOR PHOTOGRAPHS

From time to time, the local news and the Recreation Department staff take photos of program participants in various activities which may be published. Please check your preference for the named participant regarding photographs.

☐ Yes, I give permission for the above named participant to be photographed

☐ No, I do not give permission for the above named participant to be photographed

Permission to Participate and Parental Acknowledgement

I understand injuries to participants can occur during recreational activities. I understand that this minor child will be dropped off at designated locations and will need to travel home on his or her own volition without the supervision of the Town of Epping Recreation Department, its representatives, or employees. As parents/guardians, we understand that appropriate arrangements must be made to pick up the child. I understand that **activities** and **transportation** have **inherent foreseeable** and **unforeseeable risks** and **dangers** associated with them. **Risks** and **dangers** may include, but are not limited to: motor vehicle travel, exposure to forces of nature, time of day, remoteness from medical facilities, insufficient cellular phone coverage, encounters with persons not associated with the Town of Epping Recreation Department or the minor child, physical and mental challenges. I acknowledge that this child's participation at the Epping Recreation Department is voluntary.

I have read this form and fully understand that by signing this form I acknowledge and accept such risks.

Parent/Guardian/Participant Signature: _____ Date: _____

Make Check Payable To: ECT Boosters