

ACT ONE THEATRE SCHOOL
2009 Registration and Emergency Release Form 2010

male
 female

STUDENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (Home) _____

EMAIL ADDRESS _____

Is email an effective means of communication with you? _____

Tee Shirt Size: YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL

AGE _____ BIRTHDATE _____/_____/____ Grade in Sept. '09 _____

SCHOOL _____ SCHOOL DISTRICT _____

I give permission to enter the above contact information in the production cast directory. Yes _____ No _____

I give permission for my child to be interviewed or photographed by the media. Yes _____ No _____

Circle ONE class:

Theatre Class or Professional Training Program (see brochure):

GR 2-4: W F S924 GR 5-8: M T W TH S958 S11:30

Grades 9-12: HSM PTPAct PTPMT

K/1st Grade: Session 1 Session 2 Adult

PARENTS' NAMES _____

WORK PHONES: Father _____ Mother _____

Cell/Pager: Father _____ Mother _____

Health Insurance Carrier And Number _____

Doctor's Name _____ Phone # _____

PERSON TO CONTACT IN AN EMERGENCY

if parents are not available:

Name _____ Phone # _____

Please note any physical conditions of which medical personnel should be aware:

Please list any medications student takes on a regular basis:

Please note any medications known to cause an allergic reaction:

I give representatives of ACT ONE THEATRE SCHOOL permission to seek emergency medical care for _____ in the event that I cannot be reached or until I am able to be present.

Signature of Parent/Guardian

Date

Please complete a separate form for EACH child on BOTH sides, MAIL with a check to:

ACT ONE THEATRE SCHOOL
311 Willett Road • Glenshaw, PA 15116