

REGISTRATION AND EMERGENCY CONTACT FORM

STUDENT:

Name _____

Birth Date _____ Age _____ Gender and/or preferred pronouns: _____

Address _____

E-mail: _____ Cell Phone _____

MOTHER/LEGAL GUARDIAN: (if applicable)

Name _____ E-mail _____

Address _____

Day Phone _____ Evening Phone _____ Cell Phone _____

FATHER/LEGAL GUARDIAN: (if applicable)

Name _____ E-mail _____

Address _____

Day Phone _____ Evening Phone _____ Cell Phone _____

ADDITIONAL EMERGENCY CONTACT (Must be different than people listed above)

Name _____ Relationship to student: _____

Day Phone _____ Evening Phone _____ Cell Phone _____

STUDENT'S PHYSICIAN/PRIMARY MEDICAL PROVIDER

Name _____ Phone _____

STUDENT'S MEDICAL INFORMATION

Health Insurance Company _____ Member # _____

Medical Conditions, Medications (List name and dosage), Allergies (Include medication reactions), Dietary Information, Special disabilities or any other necessary information: (Continue on back if needed)

Do we have your permission to administer emergency first aid to you or to the student (if signing on behalf of the student) if needed? Yes ___ No ___

Do we have your permission to authorize medical care to you if you are unable to respond or to the student (if signing on behalf of the student) if you cannot be reached? Yes ___ No ___

I or my son/daughter/ward (if signing on behalf of the student) can be transferred via ambulance to _____ hospital if emergency care is required and I am unresponsive or if I cannot be reached (if signing on behalf of the student). I understand I will be notified as soon as able. Yes ___ No ___

I the undersigned do hereby discharge and release Michaela Moore, All About Theatre and The Spring Hills Foundation, as well as All About Theatre and The Spring Hills Foundation's teachers, contractors, board members and employees, from any claims for injuries, losses, or damages my child/ward may now or in the future incur while a participant in All About Theatre/The Spring Hills Foundation and any All About Theatre/The Spring Hills Foundation programs or events. I/we also hereby state that I/we understand that my child/ward is in the care of All About Theatre/The Spring Hills Foundation only during the hours of the class they are attending and that All About Theatre/Michaela Moore/The Spring Hills Foundation is not responsible for my child/ward before or after that time. In addition, I/we understand and agree that my child/ward may be interviewed, video recorded or photographed by a person(s) on behalf of All About Theatre/The Spring Hills Foundation and that such materials may be used for publications, website promotions or advertising.

Signature of Student or Parent/Guardian _____

Date _____

Signature of Student or Parent/Guardian _____

Date _____