

EMERGENCY/WAIVER

What are you registering for?

- Session One - LET YOUR IMAGINATION RUN WILD - Children Theater Workshop
Session Two -LET YOUR IMAGINATION RUN WILD - Children Theater Workshop
Session Three-LET YOUR IMAGINATION RUN WILD - Children Theater Workshop

Emergency Information (Please type or print clearly)

Child's Name
Nickname: Age: DOB:
Address:
City/Town: Zip: Home Tel:
School: Grade:

Parent or Guardian Information

Name's
Cell Phone Work Phone
E-MAIL:

Emergency Contact Persons: (Friend or relative, other than parent, who could come to take your child in case of illness or other emergency when we cannot reach you)

Name: Relationship to Child:
Home Tel: Cell: Work :
Address:

Emergency Medical Conditions: (allergies, medication etc.)

Additional Information which will help us to get to know your child. (use back if you like)

WAIVER

I understand that MLT is not responsible for illness or injuries affecting my child (child's name), nor for his/her possessions, while participating in the Children's Program; I release MLT from any such responsibility and waive any claims against MLT and its directors, trustees, officers, instructors, agents and volunteers in this regard.

You hereby give permission to Marblehead Little Theater to use (child's name), portrait, video image or voice recording for the purpose of fundraising, advertising, and promoting MLT performances, the MLT organization, and MLT projects in general.

NO YES Yes with these restrictions

Parent's Signature: Date:

Print Name: (Parent's name)

Return this form and check for registration fees to before rehearsals start to: (We will confirm arrival)

MLT-Children's Program
12 School Street Marblehead, MA 01945

Please Make Checks Payable to: Marblehead Little Theatre