

**MLT Children's Theater Program  
EMERGENCY/WAIVER FORM**

**SUMMER 2014**

**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)

**Which cast are you registering for?** If your child is participating in both workshops check both

- Let Your Imagination Run Wild – Children Theater Workshops Session One July 7-11
- Let Your Imagination Run Wild – Children Theater Workshops Session Two July 14-18

**Return** this form before on the first day of the workshop

**MLT-Children's Program c/o Ginny Morton  
12 School Street  
Marblehead, MA 01945**