

Please complete and hand deliver to the office Monday, August 24<sup>th</sup>.  
Office will date stamp your form.

**Lakeview Elementary After School Theatre Program**  
**Registration Form and Emergency Contact Information**

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Theatre Experience

Previous Theatrical Experience (use back if necessary)

Is your child comfortable singing alone and/or saying lines? Yes \_\_\_\_\_ No \_\_\_\_\_

**Contact Information**

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City and Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone # where you can be reached from 3:00-5:00pm on rehearsal days \_\_\_\_\_

Back up # in the event you cannot be reached \_\_\_\_\_

Other than you, your child can be released to the following individual for pick-up

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Does your child have any medical conditions or allergies that we should be aware of? (use back of form if necessary) Yes \_\_\_\_\_, No \_\_\_\_\_

**Liability Release/Medical Consent Form:**

My Child has my permission to participate in Lakeview Elementary Schools after school Theater Program. I hereby release the Rescue Union School District, Lakeview PTO, and all instructors and volunteers from any liability arising out of my child's participation in the program. I understand Rescue Union School District or Lakeview PTO does not provide health and/or medical insurance for participants in the program. I understand that in the event of a medical emergency every attempt will be made to reach me, based on the phone numbers listed above. In the event that I cannot be reached I give permission for my child, \_\_\_\_\_ to receive medical treatment deemed necessary and appropriate by an emergency room physician. I understand that I am responsible for any medical bills that may be a result of this injury and, or treatment. I hereby acknowledge that I am solely responsible for taking my child to and from this program. I agree to hold the District, Lakeview PTO, instructors and volunteers harmless from liability for those periods of time that my child is not actually attending this program.

Medical Insurance Carrier:

Policy/ID #:

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Signature (parent/guardian)

Date

I grant L.E.S. permission to use my child's image in publicity shots. \_\_\_\_ YES \_\_\_\_ NO

***Please attach a wallet size photo of your child. Payment of \$100.00 is due upon signing of contract made payable to Lakeview PTO.***