



ALLSTAR Theatre Arts 2017

Child Information (separate form required for each child)

First _____ Middle _____ Last _____ Gender: Male __ Female __
 School Name _____ Grade _____ Birth date ____/____/____ Age (as of July 10, 2017) ____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State ____ Zip code _____ Home Phone _____ Daytime phone _____
 Cell phone _____ FAX _____ E-mail _____
 Occupation _____ Employer _____
 Child lives with: _____
 Person responsible for payment _____

TUITION INFORMATION (please select all that apply) –

Crowd Pleasers \$75 _____ Curtains Rising \$85 Weds _____ Sat _____ Set the Stage \$100 Weds _____ Sat _____
 In the Spotlight \$125 _____ Dance Break \$115 _____

PLEASE MAKE CHECKS PAYABLE TO THE INK PEOPLE

Please circle how you heard about the Allstar Theatre Arts (circle one)

After School Program Website School _____ Word of Mouth Flyer Other _____

Terms of Agreement**Photo Release**

I hereby give permission for my child to be photographed during the Allstar Theatre Arts classes. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Allstar Theatre Arts and its affiliates.

Parent's/Guardian's Initials _____

Waiver and Release

I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance All Star Theatre Arts and Ink People center for the arts, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental Consent (Complete if applicant is under 18) I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____



ALLSTAR Theatre Arts 2017

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

<u>Medical Release Information</u>		
Insurance Information		
Policy Number _____	Name of Health Insurance Provider _____	
Primary Physician _____		
Address _____		
Phone _____	Hospital Preference _____	
Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).		
<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No
Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes__ No__ If yes, explain: _____		
Is your child allergic to any type of food or medication? Yes__ No__ If yes, explain: _____		

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the All Star Theatre Arts will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____