

Market House Theatre Class Registration & Waivers

Date Rec'd:

Name of Class(es) _____

Student name _____

Street Address _____

City _____ ST _____ Zip _____

Home phone _____ School _____ Grade _____

Age _____ Birthdate _____

Mother's Name _____ Cell phone _____

Mother's Address _____ Workplace _____

Father's Name _____ Cell phone _____

Father's Address _____ Workplace _____

Household's primary email address (please print) _____

Emergency contact during program time (name and cell phone number) _____

Preference for receiving MHT newsletter: _____ Mail _____ Email _____

WAIVERS - EFFECTIVE THROUGH JUNE 30, 2016

Do you have any physical problems which would prevent you from doing strenuous physical activity? (bad back, knees, etc.) If yes, please list. _____

Do you have any allergies, or anything else we should be aware of: _____

Any special behavioral or physical challenges that would be useful for staff to be aware of (these are kept confidential) _____

I hereby release MHT volunteers, its staff, sponsors and the Board of Directors from any claims for damages or injuries suffered by me as a result of my participation in this activity. I also agree to allow Market House Theatre to use any photos of me taken in connection with this production for publicity purposes connected with this activity for future use to promote the Market House Theatre Programming and Productions.

Signature of Parent or Guardian _____

Date _____

IF STUDENT IS PARTICIPATING IN A PERFORMANCE WORKSHOP:

I understand that class attendance is mandatory, as my child will be a member of an ensemble/team activity. Outside of unforeseen illness, my child will be present! I also understand that memorization of lines and songs will need to occur outside of class time, and I'm prepared to assist my child in this.

Signature of Parent or Guardian _____

Date _____

Questions? Contact the Market House Theatre Box Office (270) 444-6828