

Student name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Email \_\_\_\_\_

Household's Primary email address- (please print) \_\_\_\_\_

Emergency contact person/phone number during program time (name and cellphone number)  
\_\_\_\_\_

I would like to receive the following: \_\_\_\_\_ Newsletter (mail): \_\_\_\_\_ Newsletter (email): \_\_\_\_\_

**WAIVERS - THROUGH MAY 31, 2020**

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 (food or otherwise), behaviors or anything else we should be aware of \_\_\_\_\_  
\_\_\_\_\_I hereby release MHT volunteers, its staff, sponsors, and the Board of Directors from any claims for damages or injuries suffered by my child as a result of participation in this activity. I also agree to allow Market House Theatre to use any photos of said child 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 and 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

Turn over for Medical Consent Form

# Market House Theatre 2019 Medical Consent Form

Return with enrollment form for ALL youth participants

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

Emergency contact person (other than parent/s): \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to student (grandmother, aunt, neighbor, friend, etc.): \_\_\_\_\_

Physician's name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Please note any allergies, physical or health conditions of which we need to be aware: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current medications: \_\_\_\_\_

Please note any special needs of your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION FOR TREATMENT:** I hereby give my permission to the medical personnel selected by Market House Theatre staff to give medical attention to and necessary transportation for the child named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Market House Theatre staff to secure and administer treatment, including hospitalizations, for the child named above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_