

Family Theatre, Inc. Registration Form

www.FamilyTheatreInc.com

Show/Class/Workshop		Date	
Student's First Name		Student's Last Name	
Street Address			
City		State	Zip Code
Home Phone #		Cell Phone(s) #	
Email address(es)		School	
Age	Date of Birth	Male	Female
Parent/Guardian Names		Occupation	
Emergency Contact names & numbers:			
Referred by:			
Previous shows/classes:			
List any known conflicts:			
<p>____ (initial here) Release of liability: In order for my child to participate in rehearsals, productions, classes and workshops with Family Theatre, Inc. (FTI), I agree to waive, release, hold harmless and indemnify FTI, its owners, staff members, volunteers and other participants from any claim or legal action arising out of injury or property loss sustained, whether negligently caused or otherwise, in connection with my child's participation in FTI related activities. This waiver is intended to include injuries that may be incurred in transportation to and from events and participation in rehearsals, shows, classes, workshops and all other FTI events. I understand the risk of injury is inherent in any activity and assume all risks and hazards incident to my child's participation. My signature (parents of the registered child) below authorizes the above statements.</p> <p>____ (initial here) Medical Release: In case of emergency, if the family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (EMT, Paramedics, First Responder, Emergency Room Personnel). Your signature below authorizes the above statements.</p> <p>____ (initial here) Photo Release: Family Theatre, Inc. has my permission to use my photo or my child's photo in the media (television, print or website) for the sole purpose of information and promotion relating to FTI.</p>			
Parent's name: _____ Parent's signature: _____ Date: _____ Parent must sign in order for student to be registered.			
Children's Names/Ages:		List all known medical conditions, including food and/or drug allergies. List any over-the-counter and/or prescription drugs taken regularly.	
1.			
2.			
3.			
4.			
Physician:		Phone:	Address:
T-shirt size: Youth XS S M L Adult S M L XL other _____ (circle one) (circle one)			
Office use only	Payment form		Amount Paid
Date Paid	Staff Initials		
Notes			

Family Theatre, Inc. Hermosa Beach, CA 310-372-9203

www.FamilyTheatreInc.com familytheatreinc@yahoo.com

Please visit website for refund policy. Rehearsals, classes or workshops may be postponed or cancelled for any reason.