



**Emergency Contact Information  
Theatre Arts Training**

**Please print legibly, and sign.**

Student Name \_\_\_\_\_  
Circle time and session below

Class Title \_\_\_\_\_ AM, AM/PM, PM and FALL WINTER SPRING SUMMER

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Special Considerations (allergies, learning disabilities, medical conditions, medications):  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information**

Name \_\_\_\_\_

Day Phone \_\_\_ - \_\_\_ - \_\_\_ Evening/Weekend Phone \_\_\_ - \_\_\_ - \_\_\_ Cell Phone \_\_\_ - \_\_\_ - \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Day Phone \_\_\_ - \_\_\_ - \_\_\_ Evening/Weekend Phone \_\_\_ - \_\_\_ - \_\_\_ Cell Phone \_\_\_ - \_\_\_ - \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Alternate Contact/Pick-up Information**

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_ - \_\_\_ - \_\_\_ Phone \_\_\_ - \_\_\_ - \_\_\_ Phone \_\_\_ - \_\_\_ - \_\_\_

\*If there is a specific person(s) NOT allowed to pick up your student, please indicate below  
\_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_ - \_\_\_ - \_\_\_

Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_ - \_\_\_ - \_\_\_

**Medical Policy:** If we are unable to contact a parent/guardian, or if time does not permit, students will be taken to Abbott Northwestern Hospital or 911 services will be used. All expenses incurred are the responsibility of parent/legal guardian.

By signing below I agree to abide by the following policies:

- I understand and accept the medical policy
- I understand and accept the class tuition refund policy(see website, brochure or registration confirmation for details).
- I understand and accept that photographs may be taken of my child and used for educational or promotional purposes.
- I agree that my recording of my child's show will be for personal use only. The recording will not be used for broadcast and/or distribution via the internet including but not limited to YouTube, social networking sites and/or family websites.

Signed \_\_\_\_\_ Date \_\_\_\_\_