



**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 _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Name _____

Day Phone _____ - _____ - _____ Evening/Weekend 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.

- 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.

Signed _____ Date _____