

Market House Theatre

Registration & Waivers

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 _____

Parent/Guardian phone during program times - (name & phone number)

Emergency contact person/phone number (if different from parent)

I would like to receive the following: (Please check none/any/all below that apply)

I do not want to receive information _____ Newsletter (mail): _____ Newsletter (email): _____

Children's Class information: _____ Children's Audition information: _____

Other: _____

WAIVERS - EFFECTIVE JULY 1, 2011 THROUGH JUNE 30, 2012

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: _____

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

Return this form and payment for class to:

Market House Theatre, 132 Market House Sq, Paducah KY 42001 (270) 444-682