

# Pleasant Hill Community Theatre

## 2006-2007 Student Participation Authorization Form

Name of child/children \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Home phone # \_\_\_\_\_

Work phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_

Email address \_\_\_\_\_

In case of emergency, who should we call if you cannot reached? \_\_\_\_\_

Doctor's name \_\_\_\_\_

Doctor's phone # \_\_\_\_\_

Insurance company policy/ID number \_\_\_\_\_

Medical conditions or allergies that we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes, I can periodically stay during my child's activities and provide backup supervision.

Yes, Please notify me regarding volunteering opportunities at the theatre.

My child/children, as stated above, has my permission to participate in activities (plays, dance classes, workshops, off-site performances, etc.) conducted by Pleasant Hill Community Theatre (PHCT) for the 2006-2007 season, ending September 1, 2007. I understand that there will be rules and requirements for participation, and I agree to review these and agree to the terms prior to my child participating. I will take full responsibility for any injury to my child/children while participating in activities conducted by PHCT and will be responsible for any damage incurred as a result of my child's/children's actions. I will not hold PHCT responsible for the loss or damage of my child's/children's belongings. I authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary.

I authorize PHCT to use photos of my child in publications and on the theatre's website.

Yes  No

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_