

Pleasant Hill Community Theatre

2014-2015 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 2014-2015 season, ending September 1, 2015. 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 _____

Pleasant Hill Community Theatre