

CHILDREN'S THEATRE REGISTRATION

Fall 2017

Student: _____ Age: _____

School: _____ Grade: _____

Parent's Name(s): _____

Address: _____

Home Phone: _____ Parent Cell: _____

Parent Email: _____

Alternate Emergency Contact Name: _____

Alternate Emergency Contact Phone: _____

Food Allergies or Medical Conditions: _____

Paris Community Theatre has my permission to use pictures of my child on electronic and printed media, including Facebook and www.pctonstage.com. Please initial your choice. Yes: _____ No: _____

Payment is due at the time of Registration or no later than the beginning of the first Class.

** The undersigned hereby releases PCT from any legal responsibility in the event of physical accident resulting in bodily harm during classes, rehearsals and performances. **

Signature of Parent/Guardian _____ Date: _____

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Teacher: _____ Day: _____ Time: _____

Paid by: Check # _____ Cash _____ Credit _____ Amount Paid: _____