

# CHILDREN'S THEATRE REGISTRATION

## Spring 2018

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](http://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: \_\_\_\_\_