



Contact Information

Performer's Name
Last _____ First _____ MI _____ Date of Birth _____

Address _____
School (if applicable) _____

Home Phone _____

Cell Phone _____ Grade _____

Email Address _____ District _____

1. Parent/Guardian Name

Last _____ First _____

Home Phone _____

Cell Phone _____

Email Address _____

Employer _____

Title _____

Work Phone _____

Special Interest/Skills _____

(i.e. sewing, event planning, construction, musical instrument)

2. Parent/Guardian Name

Last _____ First _____

Home Phone _____

Cell Phone _____

Email Address _____

Employer _____

Title _____

Work Phone _____

Special Interest/Skills _____

(i.e. sewing, event planning, construction, musical instrument)

IN CASE OF AN EMERGENCY, PLEASE CONTACT _____

Allergies/Special Health Considerations _____

Insurance Co. _____ Policy # _____ Hospital Preference _____

Authorization to Consent to Medical Treatment

I (We), the undersigned, do hereby authorize representatives of Musical Theatre of Anthem (i.e. directors, staff, identified volunteers, board members) to serve as agents for the undersigned to consent to any X-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

I (We) also understand and agree that MTA will not be responsible for injuries which occur to self/child while attending or participating in any MTA function. This authorization shall remain valid for the duration of the participant's current registration with MTA.

For the safety of my child/myself as well as others, I have disclosed any and all medical information regarding the performer. I understand that failure to disclose any of the above information could result in my child's/my exclusion and/or dismissal from the production.

Signature _____ Date _____

(Parent or Guardian, if under 18)