

Date received:

### Market House Theatre Consent Form

Please complete one form for each student for each class

Student name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Email \_\_\_\_\_

Household's Primary email address- (please print) \_\_\_\_\_

Emergency contact person/phone number during program time (name and cellphone number)

\_\_\_\_\_

I would like to receive the following: \_\_\_\_\_ Newsletter (mail): \_\_\_\_\_ Newsletter (email): \_\_\_\_\_

#### **WAIVERS - THROUGH MAY 31, 2019**

Do you have any physical problems which would prevent you from doing strenuous physical activity? (bad back, knees, etc.) If yes, please list. \_\_\_\_\_

Do you have any allergies (food or otherwise), behaviors or anything else we should be aware of \_\_\_\_\_

I hereby release MHT volunteers, its staff, sponsors, and the Board of Directors from any claims for damages or injuries suffered by my child as a result of participation in this activity. I also agree to allow Market House Theatre to use any photos of said child taken in connection with this production for publicity purposes connected with this activity for future use to promote the Market House Theatre Programming and Productions.

Signature of Parent or Guardian and date

**IF STUDENT IS PARTICIPATING IN A PERFORMANCE WORKSHOP:** I understand that class attendance is mandatory, as my child will be a member of an ensemble/team activity. Outside of unforeseen illness, my child will be present! I also understand that memorization of lines and songs will need to occur outside of class time, and I'm prepared to assist my child in this.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_