



# Tennessee Valley Theatre Children and Youth Drama Workshop Enrollment Form

Please print

Name \_\_\_\_\_

(Last)

(First)

(M.)

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex:  Male  Female

Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

(Street/PO Box)

(City)

(State)

(Zip)

Daytime Phone \_\_\_\_\_ Nighttime Phone \_\_\_\_\_

Work Place Address \_\_\_\_\_ Phone \_\_\_\_\_

(Street/PO Box)

(City)

(State)

(Zip)

Other Emergency Contact \_\_\_\_\_

(Name)

(Relationship)

\_\_\_\_\_  
(Address/City/State/Zip)

\_\_\_\_\_  
(Phone)

## Publicity Release

The Signature at the bottom of this form authorizes the Tennessee Valley Theatre to photograph, film, audio/video tape, record and/or televise their image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

## Medical

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Medical/Hospital Insurance \_\_\_\_\_

(Carrier)

(Policy or Group #)

Date of most recent medical Examination: \_\_\_\_\_

Are you aware if any current health problems?  Yes  No If yes, explain \_\_\_\_\_

## Code of Conduct

All participants will show respect for others and the property and facilities used during this event and assume financial responsibility for any damages they cause.

Parents and students understand and accept the responsibility for the above guidelines, and realize that failure to do so may result in a student being sent home from the activity.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Guardian Signature)

(Month/Day/Year)