



Attic Theatre 2017 Children's Spring Workshop Registration Form
For children in the 1st through 8th grades
"Telling Tails: Bringing Animal Stories to Life"



Saturday, March 11, 2017 from 9 am to noon

All Saints Episcopal Church
 100 N Drew Street, Appleton, WI
 Space is limited to sign up early.

Registration deadline is Monday, March 6, 2017.

Please complete registration form and mail
 with \$25 registration fee to:

Attic Theatre Spring Workshop
P. O. Box 41
Appleton, WI 54912-0041

(Please complete one registration form per registrant)

Child's Name _____ Nickname _____ Male/Female _____
 Child's Age _____ Child's Birth Date ____/____/____ Grade ____ School _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name(s) _____ Relationship _____
 Home Ph _____ Cell Ph _____ Work Ph _____
 Address _____ City _____ State/Zip _____
 Email _____

I/We understand that we are registering for an interactive theatre workshop program hosted by the not-for-profit community organization, Attic Theatre, Inc. We indemnify and hold harmless Attic Theatre, its employees, officers, directors, volunteers and assigns from any and all damage or loss as a result of program participation. Further, we give permission that photos, videos and other likenesses of registrant can be used for the sole purpose of the promotion of Attic Theatre and its activities.

Signature(s) _____ Date _____

EMERGENCY CONTACT INFORMATION:

Same as above parent/guardian information

Emergency Contact Name _____ Relationship _____
 Daytime Ph _____ Cell Ph _____
 Address _____ City _____ State/Zip _____

BASIC MEDICAL INFORMATION:

Primary Physician _____ Phone _____

Does your child have any known allergies or medical conditions we should be aware of? Please list:

Please feel free to attach another sheet if there are any other issues or conditions you feel Attic Theatre needs to be aware of.

I hereby give my consent, in the event of a medical emergency when I cannot be contacted, for staff of Attic Theatre to obtain whatever treatment may be necessary for _____.

This authorization includes my consent for the above-named child to receive treatment by a physician in any hospital emergency department.

I hereby give my authorization for emergency medical treatment as outlined above.

Signature _____ Date _____

