

# Eastside Theater Company

## Tech Production Registration

*Include payment with this form and return to the Production Manager at the parent meeting.*

Name of Participant _____	Age/Grade _____	Male/Female _____
Address _____	City _____	Zip _____
Phone (_____) _____	School _____	
Participant Email _____		
Parent/Guardian _____	Parent/Guardian _____	
Phone (_____) _____	Phone (_____) _____	
Email _____	Email _____	

Technical participation fee: \$50.00

The price includes a participant t-shirt.

Circle T-Shirt Size:

Child M • Child L • Adult S • Adult M • Adult L • Adult XL • Adult XXL

In addition to first name, my child's last name may appear on ETC's public web site or in local publicity.

I DESIRE that my child participate in the full theater program and all activities unless I advise the director/teacher otherwise in writing.

I AGREE that, having taken such precautions as in your discretion are deemed advisable, Eastside Theater Company, its members and Board will not be held responsible for any sickness or accident involving my child. If for any reason my child requires medical attention, I agree to be responsible for any expense incurred.

I HAVE completed a Medical Release Form. I understand the release will be active for all ETC events until the end of the calendar year.

I AGREE to indemnify Eastside Theater Company, its Board and members and hold them harmless from, and with respect to all suits, actions and prosecutions by reason of any activity carried out by my child, whether on or off the theater's property.

I AGREE to pay the above-listed fee.

I AGREE that my child's photograph and name may be used in promotions and released to the press.

I have read and fully support the above statements.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

For Office Use Only	
Date Paid _____	
Check # _____	
Amount _____	

Please make checks payable to Eastside Theater Company or ETC.

## Eastside Theater Company Medical Information & Release

I hereby give permission for \_\_\_\_\_ (participant) to be provided emergency treatment as needed by staff members at Eastside Theater Company (ETC). I give permission for the participant to be transported by ambulance or aid car to an emergency center for treatment. In the event that I, or my preferred physician, cannot be contacted, I consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health. I agree that I will not hold ETC or any member of its staff liable for damages, injuries or losses for the duration of my child's participation with ETC.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

This release is active until December 31, \_\_\_\_\_.

Medical/Contact Information:

Primary emergency contact: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

Please list any special medical concerns, allergies or conditions we need to be aware of: