

# Corbett Children's Theater

## Tech Production Registration

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

Name of participant _____	Age/Grade _____	Male/Female _____
Address _____	City _____	Zip _____
Phone (____) _____	School _____	
Email _____		

Parent/guardian name _____
Home phone (____) _____ Cell phone (____) _____
Email _____

### Technical participation fee: \$20.00

The price includes a T-shirt, which is optional, and \$5 for the cast party, which is an optional activity that most of the kids don't want to miss.

### Circle T-Shirt Size:

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

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, Corbett Children's Theater, 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 CCT events until the end of the calendar year.

I AGREE to indemnify Corbett Children's Theater, 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 have read and fully support the above statements.

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

\_\_\_\_\_  
Date

Please make checks payable to CCT.

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