



PO Box 206 El Dorado Springs, MO 64744
www.lighthousechildrenstheatre.org

Registration

Fall Spring

(Circle one)

Student's Name _____ Grade _____ T-Shirts - Size _____

Parent T-Shirts - Size \$10.00 each

registration fee \$50
total

mother's name _____ cell number _____ home number _____

address _____ city _____

father's name _____ cell number _____ home number _____

address _____ city _____

email addresses _____

emergency contact _____ phone number _____

emergency contact _____ phone number _____

person authorized to pick up actor 1) _____ 2) _____

doctor _____ phone number _____ hospital _____

health insurance provider _____ group/policy number _____

list any medical concerns or allergies _____

In the case of an emergency, do you give the Lighthouse Children's Theatre staff permission to seek medical attention for your child if you or your emergency contact person cannot be reached? Yes No

Participant Release Waiver

I understand that my child will be well cared for and supervised in a safe environment while learning at the Lighthouse Children's Theatre, however, accidents can happen anywhere at anytime. I release the Lighthouse Children's Theatre, staff, volunteers or owners of any venue being used by LCT of legal responsibility should my child be involved in an accident while in the care of LCT.

Media Release

The undersigned party hereby releases and agrees that The Lighthouse Children's Theatre may use and/or publish photos of the above participant in local newspapers and marketing materials for program promotion, including but not limited to websites, yers and advertisements .

signature

date

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