



The Performer's Playground
YEARLY REGISTRATION form

YEAR: _____

Fill out this form completely:

Full Name of Actor: _____

Age: _____ Gender: _____ Name of School: _____

Grade: _____ Address: _____

Parent or Guardian Names: _____

Best Contact Numbers: _____

Parent or Guardian Email: _____

IN CASE OF EMERGENCY

If parent or guardian is not available, contact: _____

Address: _____

Contact Number: _____

Contact Number #2: _____

Family Physician: _____

Location: _____

Contact Number: _____

Insurance Company: _____

Group #: _____

Medications Taken:

Other Medical Issues:

AUTHORIZATION

I authorize The Performer's Playground representatives to transport, request and authorize treatment for my son/daughter in the event of an accidental injury or illness. I agree that I will not hold The Performer's Playground or its representatives liable while he/she is acting according to these directions.

Parent or Guardian signature: _____ Date: _____

I also give permission for any reproduction of my child's image or voice (audio, video or still photos) taken by The Performer's Playground for publicity purposes of the organization.

Parent or Guardian signature: _____ Date: _____